



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.


*** *** ***



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract Number DTNH22-93-P-07484
Case Number DSI-93-AB-015

, 1994 .

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH 22-87-C-47169
CASE NUMBER: DSI-93-AB-015

[REDACTED]

This one vehicle collision occurred on [REDACTED] 1993, a summer weekday, on a four lane divided trafficway in [REDACTED], New York. There was construction work being done on the south shoulder of the eastbound roadway. The result of the construction work placed the shoulder surface uneven with the roadway surface. The impact occurred when Vehicle 1 re-entered the roadway from the shoulder area. Vehicle 1 struck the roadway lip with the undercarriage of the vehicle.

Vehicle 1, a 1992 Nissan Maxima 4-door, was being driven eastbound in the number one lane. The 30 year old female driver (case occupant) was restrained by the automatic shoulder and manual lap restraints. Vehicle 1 was traveling at an estimated speed of between 24 and 32 KPH (15 and 20 MPH).

This collision occurred as Vehicle 1 was traveling eastbound and the vehicle traveled off onto the south shoulder which was under construction work. The shoulder surface was approximately 12.7 to 17.8 cm (5.0 to 7.0 in) lower than the roadway surface at the time of the collision. The driver of Vehicle 1 attempted to bring the vehicle back onto the roadway. At this time the right front control arm snagged the uneven roadway lip. This impact caused the deployment the supplemental restraint system (driver side air bag). As Vehicle 1 continued back onto the roadway a narrow band of contact damage on the right side undercarriage resulted from the roadway lip. The damage went the entire length of the under side of the vehicle starting at the right front control arm.

The reconstruction program was not run on the collision because the impact was beyond the scope of the CRASH III PC program (undercarriage damage).

The driver of Vehicle 1 (case occupant) sustained major injuries consisting of comminuted fractures of the right radius and ulna, abrasions and contusions with the maximum AIS equal to AIS-3. The driver was transported to an area hospital where she was admitted for treatment.

Vehicle 1 was towed from the scene due to the driver's injuries.

This document is disseminated under the sponsorship of the Department of Transportation in the interest of information exchange. The United States Government assumes no responsibility for the contents or use thereof.

The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

**DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-93-AB-015**

TABLE OF CONTENTS

Accident Data	1
Ambience	1
Roadway	2
Traffic Controls	3
Vehicles	4
Vehicle Damage and Velocity Estimates	5
Collision Sequence	6
Occupant Kinematics	7
Airbag System	7
Emergency Rescue Response	8
Occupant Data	10
Injuries	12
List of Abbreviations	13
Accident Schematic	14
Collision Measurement Table	15
Photo Index and Photos	16
Slide Index and Slides	17
Appendices:	
A. Supplemental Restraint System (SRS) Diagram	
B. NASS Field Forms	
C. Police Accident Report	
D. Medical Report	

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015

ACCIDENT DATA:

Location:	[REDACTED], New York
Area/Type:	Rural/Commercial
Date/Time:	Summer/Weekday
Accident Type:	Car/Concrete edge of travel lane (roadway lip)

INJURY SEVERITY:

Vehicle 1:	Driver, AIS-3
	R/F Occupant, Reportedly no injuries
	R/R Occupant, Reportedly no injuries

AMBIENCE:

Viewing Conditions:	No viewing restriction
Cloud Cover:	Clear
Precipitation:	None
Temperature:	Unknown
Road Surface:	Dry

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015

ROADWAY:

VEHICLE 1

Type:	4-lane, divided trafficway, 2-lane eastbound (at collision)
Width:	7.1 m (23.3 ft)
Traffic Density:	Heavy
Median:	Guard rail
Edge:	right shoulder, under construction, uneven surface (approx. 12.7 to 17.8 cm; 5 to 7 in), left side a grass median with guard rail
Surface:	Concrete
Reported Defects:	Right shoulder was under construction, uneven surface (travel lane vs. shoulder)
Co-efficient of Friction (est.):	N/A
Vertical Alignment:	Level
Horizontal Alignment:	Slight right turning curve near the POI

**Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015**

Traffic Controls:

VEHICLE 1

Signals:

None (at collision)

Signs:

Warning sign (road
work 1000 ft)

Speed Limit:

Unknown

Markings:

Orange construction
barrels along the right
side of roadway.
Single broken white
painted line separating
the two eastbound
travel lanes. Single
solid yellow painted
line denoting the north
edge of the eastbound
roadway.

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015

VEHICLES:

VEHICLE 1

Description:	1992 Nissan Maxima 4-door
Odometer:	11,465 km (7,124 mi)
Engine:	3.0 L / V6
Vehicle Modifications:	None
Tire Condition:	8/32 tread depth all tires
Manual Restraints:	2-point lap belts at the front seating positions and the center rear seating position, 3-point lap and shoulder belts at the left and right rear seating positions
Automatic Restraints:	Supplemental Restraint System (Driver side airbag), 2-point shoulder belts at the front seating positions
Reported Defects:	None
Cargo:	None
Windshield Damage:	None
Fleet:	None
Tow Status:	Towed due to the driver's injuries

**Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015**

VEHICLE DAMAGE:

VEHICLE 1

Object Struck:	Concrete edge of roadway (roadway lip/fixed object)
Event Number:	01
CDC:	12UDRN2
Maximum Crush:	N/A undercarriage damage (right front control arm)

VEHICLE VELOCITY ESTIMATES:

VEHICLE 1

Impact Speed:	24 - 32 KPH (15 - 20 MPH)
Total Delta V:	Not computed, the collision condition is beyond the scope of the CRASH III program
Longitudinal Delta V:	
Lateral Delta V:	
Energy Dissipation:	
Calculations based upon:	None

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015

COLLISION SEQUENCE:

PRE-CRASH: This one vehicle collision occurred on a summer weekday on a four lane divided trafficway in ██████████ New York. There was construction work being done on the south (right side) shoulder of the eastbound roadway. The result of the construction work placed the shoulder surface uneven with the roadway surface. The impact occurred when Vehicle 1 re-entered the roadway from the shoulder area. Vehicle 1 struck the roadway lip with the undercarriage of the vehicle.

Vehicle 1, a 1992 Nissan Maxima 4-door, was being driven eastbound in the number one lane. The 30 year old female driver (case occupant) was restrained by the available 2-point automatic shoulder and the 2-point manual lap restraints. There were two additional occupants, one was seated in the right front seating position (3 month old male) and the other was seated in the right rear seating position (2 year old male). The two additional occupants were restrained by child safety seats. Vehicle 1 was traveling at an estimated speed of between 24 and 32 kilometer per hour (15 and 20 MPH).

This collision occurred as Vehicle 1 was traveling eastbound and the vehicle traveled off onto the south shoulder which was under construction. The shoulder surface was approximately 12.7 to 17.8 centimeters (5.0 to 7.0 in) lower than the roadway surface at the time of the collision. The driver of Vehicle 1 attempted to bring the vehicle back onto the roadway. At this time the right front control arm snagged the uneven roadway lip. This impact deployed the supplemental restraint system (driver side air bag). As Vehicle 1 continued back onto the roadway a narrow band of contact damage on the right side undercarriage resulted from the roadway lip. The damage went the entire length of the undercarriage of the vehicle starting at the right front control arm.

CRASH: The reconstruction program was not run on the collision because the impact was beyond the scope of the CRASH III PC program (undercarriage damage). Vehicle 1 was assigned a Collision Deformation Classification (CDC) of 12UDRN2. The contact damage on the right side control arm was approximately 8.5 centimeters (3.3 in) in width and 2.5 centimeters (1.0 in) deformed upward. This damage was located

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015

approximately 9.5 centimeters (3.7 in) left of the right end of the control arm (Photos 29-33). A bolt that was located on the under side of the control arm was ground down to the lock nut (approximately 2.5 cm / 1 in). This bolt was located approximately 8.0 centimeters (3.1 in) left of the right end of the control arm (Photos 31-33). Another bolt located 22.0 centimeters (8.7 in) left of the right end of the control arm also received contact damage (Photos 31-33). Additional contact damage to the undercarriage was minor scraping on the right side. This damage went the entire length of the vehicle (Photos 35-40).

POST CRASH: Vehicle 1's final rest position is unknown, but the vehicle had probably returned to the roadway in the eastbound number one lane.

DRIVER KINEMATICS:

The 30 year old female driver of Vehicle 1 (case occupant) was seated in an upright seated position. The driver was restrained by the available automatic shoulder and manual lap belts. The case occupant is 163 centimeters (64 in) in height and weighs 52 kilograms (115 lbs). At impact, the case occupant was attempting to steer the vehicle back onto the roadway when the vehicle struck the roadway lip. The position of the driver's right hand and arm probably placed the lower arm over the cover of the air bag module. When impact occurred and the supplemental restraint system deployed, the cover of the module came open contacting the right lower arm of the case occupant. The result of the contact was comminuted fractures of the radius and ulna (middle 1/3 forearm). As the air bag inflated it appears the right and left upper arms, and the left breast received abrasions and contusions from the bag.

AIRBAG SYSTEM:

The case vehicle, a 1992 Nissan Maxima 4-door, was equipped with a Supplemental Restraint System (driver side air bag). The SRS deployed as a result of an undercarriage impact with an uneven roadway lip.

An inspection was conducted by Dynamic Science approximately one month after the collision occurred. The driver side air bag was found to be intact and there was no damage to the bag. There were lipstick marks on the air bag located 13.0 centimeters (5.1 in) left and 16.0 centimeters

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015

(6.3 in) below the center of the bag. The SRS was vented by two ports located on the back side of the bag. The ports were located at 3 o'clock and 9 o'clock positions. The air bag contained 4 vertical fold points and 4 horizontal fold points reference to the top of the air bag. The air bag measured 63 centimeters (24.8 in) in diameter. The following sequence of numbers and letters was found on the driver side SRS:

1B96E92 [REDACTED]

Appendix "A" shows a diagram of the locations of the Supplemental Restraint System (SRS) component parts and caution labels for a 1992 Nissan Maxima from the Nissan service manual.

RECALL

Nissan Motor Corp., USA

Model: Nissan Maxima **Years:** 1992-1993

No. of Vehicles: 65,000

Recall No.: [REDACTED]

Date Received: [REDACTED] 1994

System: Air bags **Vehicle description:** Passenger cars with driver-side air bags.

Description of defect: In some underbody impacts, the air bag sensor activates and sends a signal to the air bag, located in the center of the steering wheel, causing the driver side air bag to inflate.

Consequence of defect: Air bag inflation may occur when it is not needed to protect the driver and may result in minor injuries to the driver.

Corrective action: A tunnel sensor of different design will be installed on the affected vehicles. **Note:** Owners who take their vehicles to an authorized dealer on an agreed upon service date, and the remedy is not provided within a reasonable time free of charge or the remedy does not correct the defect, should contact the Nissan Service Center at [REDACTED]

[REDACTED], in Hawaii, [REDACTED].

SCENE CLEARANCE:

The driver of Vehicle 1 (case occupant) sustained major injuries consisting of comminuted fractures of the right radius and ulna, abrasions and contusions with the maximum AIS equal to AIS-3. The driver was transported to an area hospital where she was admitted for treatment.

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015

The right front and right rear occupants of Vehicle 1 reportedly sustained no injuries in this collision.

Vehicle 1 was towed from the scene due to the driver's injuries.

SAFETY STANDARDS:

No violations of the Federal Motor Vehicle Safety Standards were found during vehicle inspection.

**Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015**

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

	DRIVER	OCCUPANT 2
Age/Sex:	30 Yrs. / Female	3 Mo. / Female
Seated Position:	Left Front	Right Front
Seat Type:	Bucket Seat	Bucket Seat
Height:	163 cm (64 in)	Unknown
Weight:	52 kg (115 lbs)	Unknown
Occupation:	Unknown	Minor child
Pre-existing Medical Condition:	None	Unknown
Alcohol/Drug Involvement:	None	N/A
Driving Experience:	Unknown	N/A
Body Posture:	Upright seated position	In child safety seat
Hand Position:	Both hands on steering wheel, right hand 1 o'clock position	Unknown
Foot Position:	Unknown	Unknown
Restraint Usage:	2-point manual lap belt, 2-point automatic shoulder belt and Driver side supplemental restraint system (airbag)	Reportedly used a child safety seat, type unknown
Additional Occupants:	Two	

**Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015**

DRIVER AND OTHER OCCUPANTS (con't):

VEHICLE 1

OCCUPANT 3

Age/Sex:	2 Yrs. / Female
Seated Position:	Right Rear
Seat Type:	Bench Seat
Height:	Unknown
Weight:	Unknown
Occupation:	Minor Child
Pre-existing Medical Condition:	Unknown
Alcohol/Drug Involvement:	N/A
Body Posture:	In child safety seat
Hand Position:	Unknown
Foot Position:	Unknown
Restraint Usage:	Reportedly used a child safety seat, type unknown
Additional Occupants:	None

**Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-015**

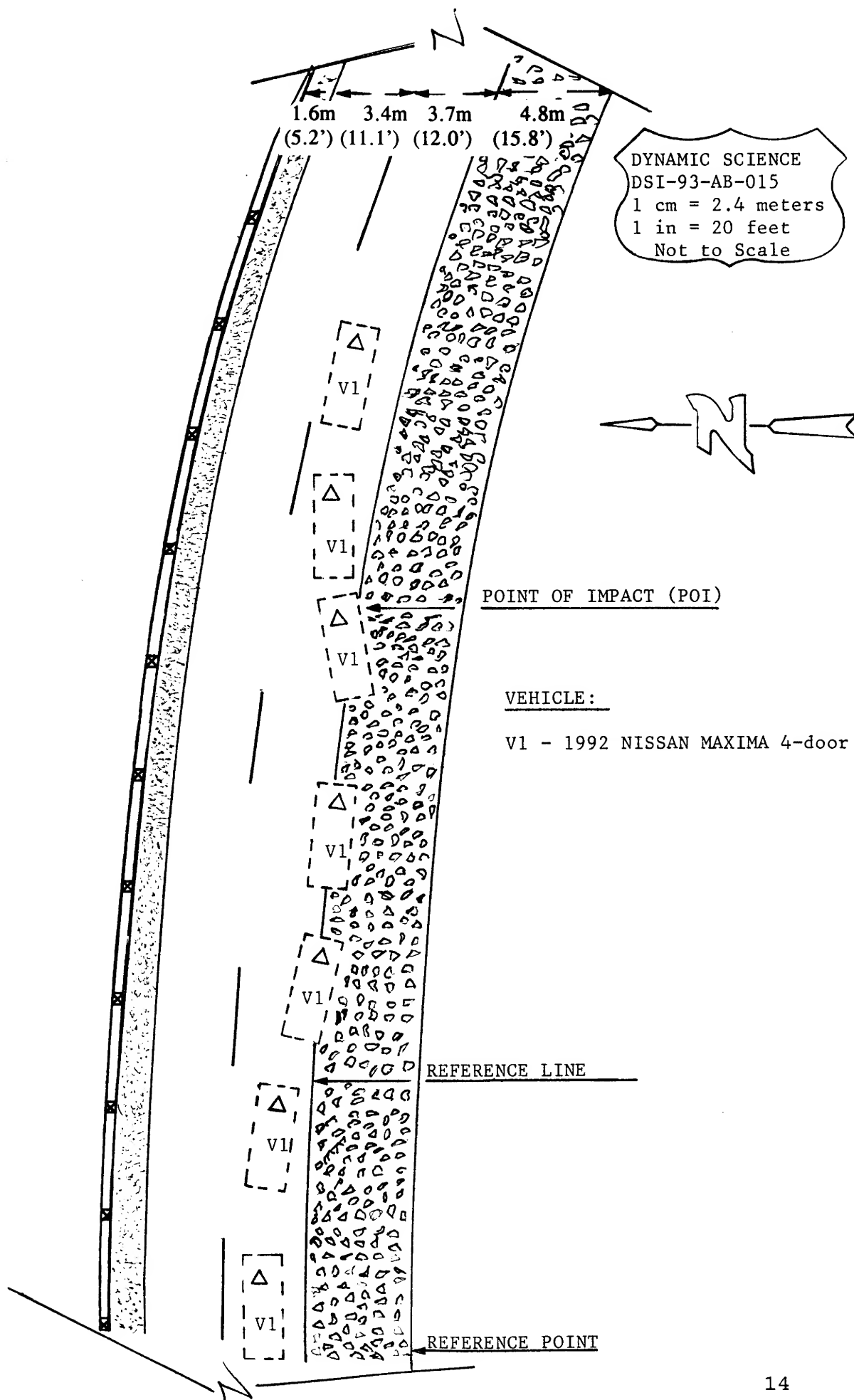
INJURIES:

Vehicle 1

	INJURY	OIC	ICD-9	SOURCE
DRIVER	Comminuted fracture, right radius	752804.3,1	813.23	Cover of air bag module (SRS)
	Comminuted fracture, right ulna	753204.3,1	813.23	Cover of air bag module (SRS)
	Contusion, left chest (breast)	490402.1,2	922.0	Air bag
	Abrasions, left upper arm (x2)	790202.1,2	912.0	Air bag
		790202.1,2	912.0	Air bag
	Abrasion, right elbow	790202.1,1	913.0	Air bag
	Contusion, right elbow	790402.1,1	923.11	Air bag
	Abrasion, right upper arm	790202.1,1	912.0	Air bag
	Contusion, right upper arm	790402.1,1	923.03	Air bag
R/F Occupant	Reportedly sustained no injuries			
R/R Occupant	Reportedly sustained no injuries			

Abbreviations Used In Scene And Photographic Documentation

ft.	Feet
in.	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound



COLLISION MEASUREMENTS

Case Number DSI-93-AB-015

Reference Point: Apex of the intersecting roadway (west of POI)

Reference Line: South edge of the roadway

DATA POINT	LONGITUDINALS	LATERALS
South edge of the south shoulder of the eastbound roadway	0	S 4.8 m (15.8 ft)
1st broken white painted line	0	N 3.7 m (12.0 ft)
Solid yellow painted line (north edge of eastbound roadway)	0	N 7.1 m (23.3 ft)
Guard rail in the center median of the trafficway	0	N 8.7 m (28.5 ft)
Approximate POI (Vehicle 1 vs roadway lip)	E 33.5 m (110.0 ft)	0
Approximate height of pavement lip (roadway vs shoulder) = 12.7 to 17.8 cm (5.0 to 7.0 in)		

PHOTO INDEX

Case No. DSI-93-AB-015

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1-9	V1	East	Travel path, Vehicle 1
10	V1	West	South shoulder of trafficway
11	V1	West	Survey stick near south shoulder
13-16	V1	West	Reverse travel path, Vehicle 1
17-27	V1	CW	Exterior views, Vehicle 1
28-45	V1	--	Undercarriage views, Vehicle 1 (damage area)
46-56	V1	--	Interior views, Vehicle 1
57-63	V1	--	Views of the Supplemental Restraint System and steering wheel, Vehicle 1
64-73	V1	--	Scene photographs taken short time after the collision, depicting the uneven surface (travel lane vs. shoulder)
74-89	V1	--	Views of injuries of driver, Vehicle 1

“GRAPHIC” PHOTOGRAPHS AND IMAGES

The following “GRAPHIC” Photographs and Images have been removed from this case.

Photo # 74-89

If you would like a copy of these photographs and/or images please write to:

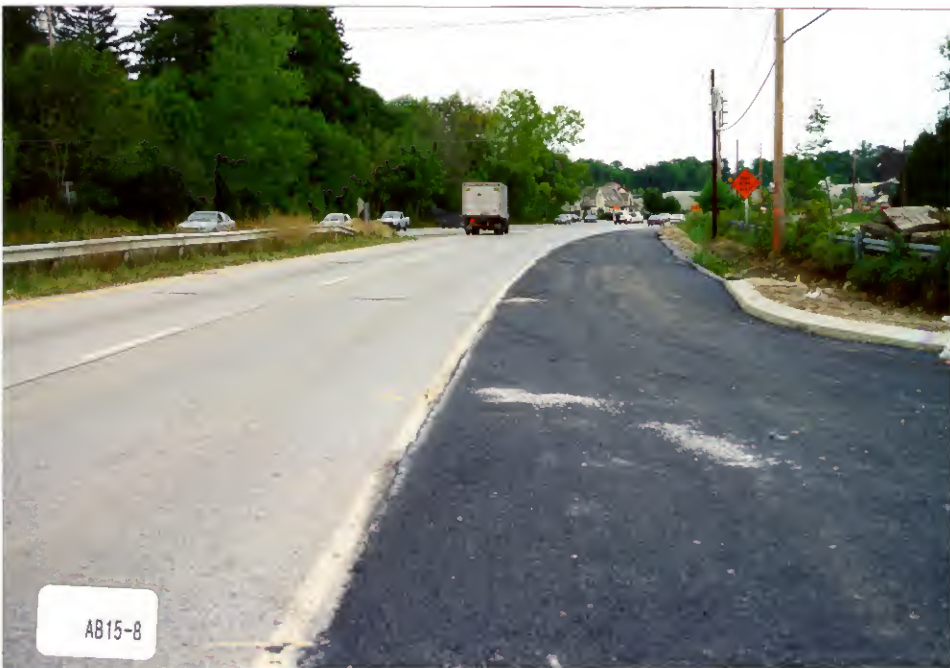
MARJORIE SACCOCCIO
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 BROADWAY
CAMBRIDGE, MA 02142

In the body of your request please include the case, photograph and image number(s).

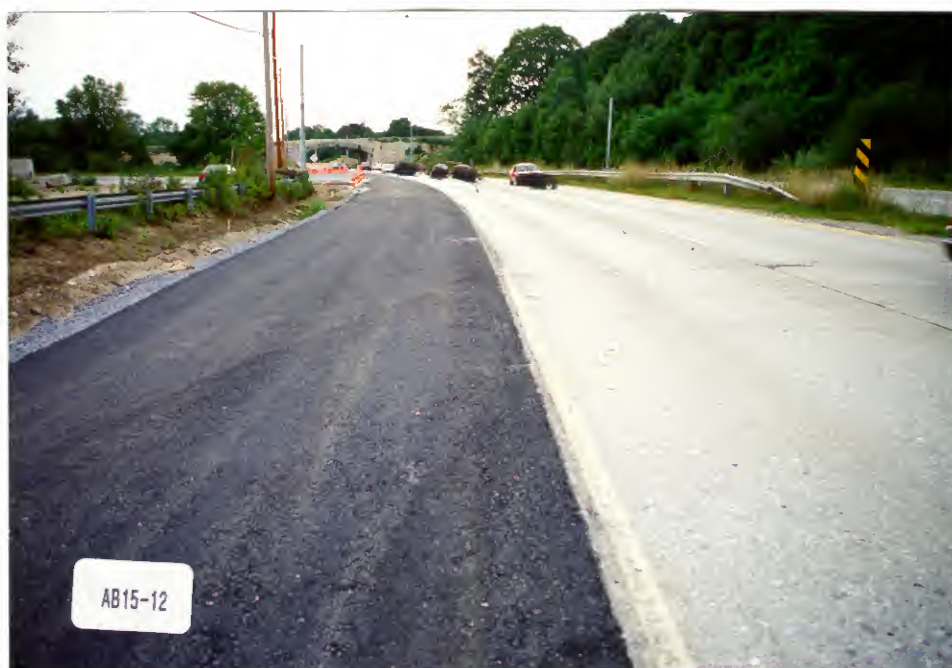














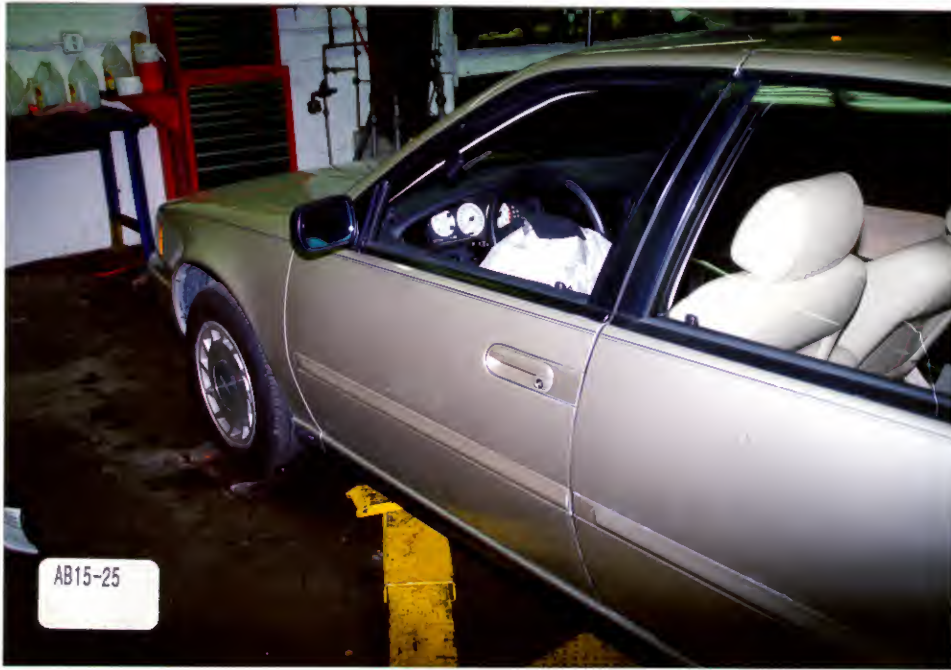


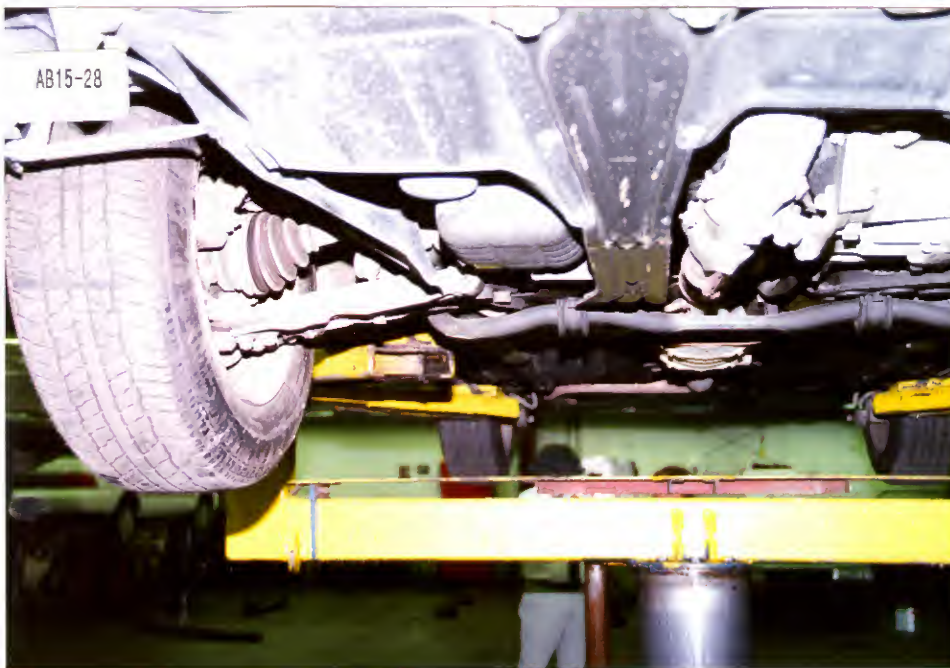








































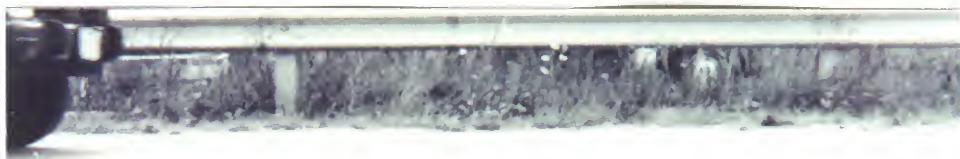


















SLIDE INDEX

Case No. DSI-93-AB-015

SLIDE NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1-9	V1	East	Travel path, Vehicle 1
10	V1	West	South shoulder of trafficway
11	V1	West	Survey stick near south shoulder
13-16	V1	West	Reverse travel path, Vehicle 1
17-27	V1	CW	Exterior views, Vehicle 1
28-45	V1	--	Undercarriage views, Vehicle 1 (damage area)
46-56	V1	--	Interior views, Vehicle 1
57-63	V1	--	Views of the Supplemental Restraint System and steering wheel, Vehicle 1



D88315 #1



DS9315 #2



DS9315 #3



DS9315 #4



DS9315 #5



DS9315 #6



DS9315 #7



DS9315 #8



DS9315 #9



DS9315 #10



DS9315 #11



DS9315 #12



DS9315 #13



DS9315 #14



DS9315 #15



DS9315 #16



DS9315 #17



DS9315 #18



DS9315 #19



DS9315 #20



DS9315 #21



DS9315 #22



D69315 #23



DS9315 #24



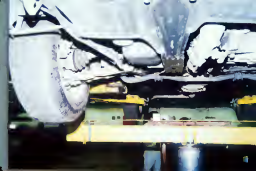
DS9315 #25



DS9315 #26



DS9315 #27



DS9315 #28



DS9315 #29



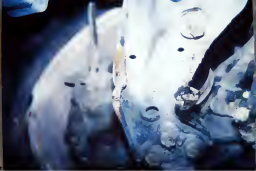
DS9315 #30



DS9315 #31



DS9315 #32



D89315 #33



DS9315 #34
Best Available



DS9315 #35



DS9315 #36



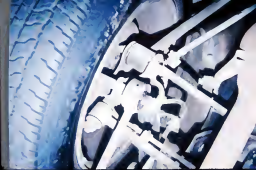
D89315 #37



DS9315 #38



DS9315 #39



DS9315 #40



DS9315 #41



DS9315 #42



DS9315 #43



DS9315 844



DS9315 #45



DS9315 #46



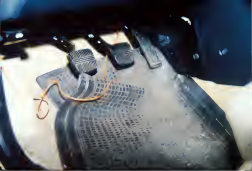
D89315 #47



DS9315 #48
Best Available



DS9315 #49



DS9315 #50



D89315 #51



DS9315 #52



DS9315 #53
Best Available



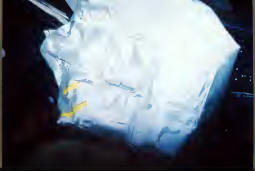
DS9315 #54



DS0315 #55



DS9315 #56



DS9315 #57
Best Available



DS9315 #58
Best Available



DS9315 #59
Best Available



D89315 #60



DS9315 #61



DS9315 #62

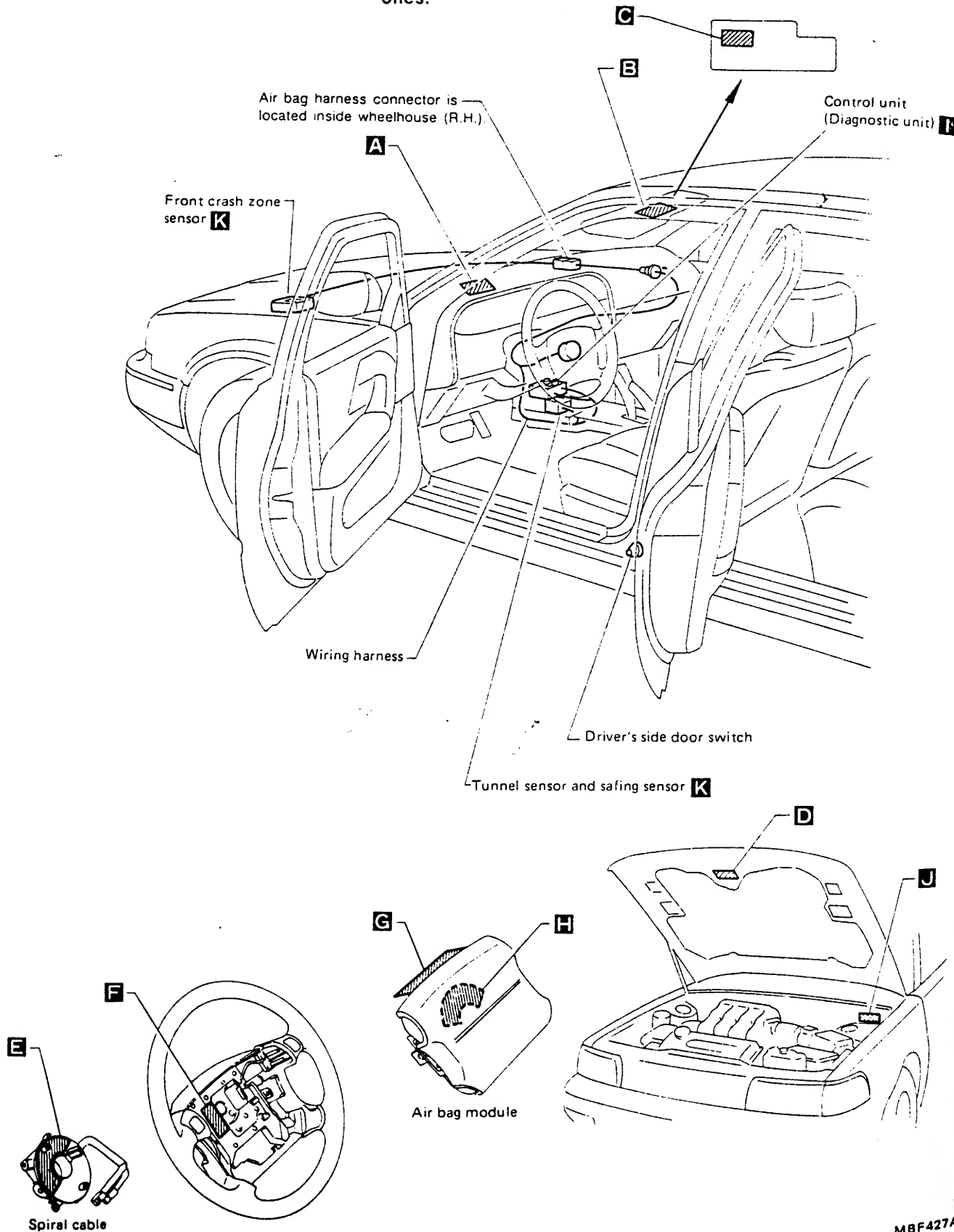


DS9315 #63

SUPPLEMENTAL RESTRAINT SYSTEM (SRS)

SRS Component Parts Location and Caution Labels

The CAUTION LABELS are important when servicing air bags in the field. If they are dirty or damaged, replace them with new ones.



M8F427A

SUPPLEMENTAL RESTRAINT SYSTEM (SRS)

Caution Labels

A

DRIVER-AIRBAG

B

INFORMATION

SRS AIRBAG

- THIS CAR IS EQUIPPED WITH A DRIVER AIR BAG AS A SUPPLEMENTAL RESTRAINT SYSTEM (S.R.S.) TO HELP PROTECT THE DRIVER IN A FRONTAL COLLISION.
- ALWAYS WEAR YOUR SEAT BELT.
- THE SYSTEM MUST BE INSPECTED 10 YEARS AFTER DATE OF MANUFACTURE, AS NOTED ON THE CERTIFICATION LABEL LOCATED ON THE LEFT FRONT DOOR.
- IF ANY OF THE FOLLOWING CONDITIONS OCCUR, THE SYSTEM MUST BE SERVICED:
 - THE "AIR BAG" LAMP DOES NOT GO ON, FLASHES INTERMITTENTLY OR REMAINS ON.
- SEE YOUR OWNER'S MANUAL FOR DETAILS ABOUT THE FUNCTIONING, SERVICE, AND DISPOSAL PROCEDURES FOR THE SYSTEM.

IMPORTANT SAFETY INFORMATION FOR YOU AND YOUR PASSENGER AUTOMATIC SHOULDER BELT AND MANUAL LAP BELT RESTRAINT SYSTEM

- ALWAYS USE MANUAL LAP BELT: Failure to do so may decrease the protection offered by the restraint system.
- DO NOT DISCONNECT THE EMERGENCY RELEASE FOR NORMAL DRIVING:
 - This feature is for emergency use only.
- REFER TO OWNER'S MANUAL FOR OTHER IMPORTANT SAFETY INFORMATION ON:
 1. Proper seating position and use of restraint system
 2. Release of shoulder belt in an emergency
 3. Use of hand crank for shoulder belt
 4. Use by children

C

NOTICE

SRS AIRBAG

- THIS CAR IS EQUIPPED WITH A DRIVER AIR BAG AS A SUPPLEMENTAL RESTRAINT SYSTEM (S.R.S.)
- IT IS DESIGNED TO SUPPLEMENT THE SEAT BELT.
- ALWAYS WEAR YOUR SEAT BELT.

D

WARNING

SRS AIRBAG

- THIS CAR IS EQUIPPED WITH A DRIVER AIR BAG AS A SUPPLEMENTAL RESTRAINT SYSTEM (S.R.S.)
- ALL S.R.S. ELECTRICAL WIRING AND CONNECTORS ARE COLORED YELLOW.
- DO NOT USE ELECTRICAL TEST EQUIPMENT ON THESE CIRCUITS.
- TAMPERING WITH OR DISCONNECTING THE S.R.S. WIRING AND CONNECTORS COULD RESULT IN ACCIDENTAL DEPLOYMENT OF THE AIR BAG OR MAKE THE SYSTEM INOPERATIVE, WHICH MAY RESULT IN SERIOUS INJURY.

E

CAUTION

SRS AIRBAG

- BEFORE ASSEMBLY;
 - LINE UP THE FRONT WHEELS STRAIGHT AHEAD.
 - ALIGN THE ARROW WITH THE YELLOW MARK ON THE SIDE GEAR.
 - READ SERVICE MANUAL.
- NO SERVICEABLE PARTS INSIDE.
- DO NOT DISASSEMBLE OR TAMPER.

F

WARNING

SRS AIRBAG

BEFORE MOUNTING STEERING WHEEL;

- MAKE SURE THAT THE FRONT WHEELS ARE IN STRAIGHT-AHEAD POSITION.
- ALIGN THE ARROW WITH THE YELLOW MARK ON THE SIDE GEAR. (SPIRAL CABLE)
- READ SERVICE MANUAL.

SUPPLEMENTAL RESTRAINT SYSTEM (SRS)

Caution Labels (Cont'd)

G

WARNING

SRS AIRBAG

- THIS AIR BAG MODULE CANNOT BE REPAIRED.
- USE DIAGNOSTIC INSTRUCTIONS TO DETERMINE IF THE UNIT IS OPERATIONAL.
- IF NOT OPERATIONAL, REPLACE AND DISPOSE OF THE ENTIRE UNIT AS DIRECTED IN THE INSTRUCTIONS.
- UNDER NO CIRCUMSTANCES SHOULD A DIAGNOSIS BE PERFORMED USING ELECTRICALLY POWERED TEST EQUIPMENT OR PROBING DEVICES.
- TAMPERING OR MISHANDLING CAN RESULT IN PERSONAL INJURY.
- STORE THE REMOVED AIR BAG MODULE WITH THE PAD SURFACE UP.
- FOR SPECIAL HANDLING OR STORAGE REFER TO SERVICE MANUAL.

I

CAUTION SRS AIRBAG

- NO SERVICEABLE PARTS INSIDE.
- DO NOT DISASSEMBLE OR TAMPER.
- DO NOT DROP: KEEP DRY.
- WHILE REMOVED, STORE IN A CLEAN AND DRY AREA.
- IF WET CONDITION OCCURS, THIS UNIT MUST BE SERVICED.

J

CAUTION SRS AIRBAG

- TO AVOID DAMAGING THE S.R.S. SPIRAL CABLE, REMOVE THE STEERING WHEEL BEFORE REMOVING THE STEERING LOWER JOINT.

K

WARNING

SRS AIRBAG

- DO NOT DISASSEMBLE OR TAMPER.
- DISMANTLING AND INSTALLATION SHOULD ONLY BE PERFORMED BY TRAINED PERSONNEL.

H

DANGER POISON

- KEEP OUT OF THE REACH OF CHILDREN.
- CONTAINS SODIUM AZIDE AND POTASSIUM NITRATE.
- CONTENTS ARE POISONOUS AND EXTREMELY FLAMMABLE.
- CONTACT WITH ACID, WATER OR HEAVY METALS MAY PRODUCE HARMFUL AND IRRITATING GASES OR EXPLOSIVE COMPOUNDS.
- DO NOT DISMANTLE, INCINERATE, OR BRING INTO CONTACT WITH ELECTRICITY OR STORE AT TEMPERATURES EXCEEDING 200°F.
- FIRST AID: IF CONTENTS ARE SWALLOWED, INDUCE VOMITING:
 - FOR EYE CONTACT, FLUSH EYES WITH WATER FOR 15 MINUTES
 - IF GASES FROM ACID OR WATER CONTACT ARE INHALED, SEEK FRESH AIR
 - IN EVERY CASE, GET PROMPT MEDICAL ATTENTION
- FOR ADDITIONAL INFORMATION, SEE MATERIAL SAFETY DATA SHEET (MSDS) FOR THIS PRODUCT.

PRECAUTIONS

Supplemental Restraint System "AIR BAG"

The Supplemental Restraint System "Air Bag" helps to reduce the risk or severity of injury to the driver in a frontal collision. The Supplemental Restraint System consists of an air bag (located in the center of the steering wheel), sensors, a control unit, warning lamp, wiring harness and spiral cable. Information necessary to service the system safely is included in the **BF** section of this Service Manual.

WARNING:

- a. To avoid rendering the SRS inoperative, which could lead to personal injury or death in the event of a severe frontal collision, all maintenance must be performed by an authorized NISSAN dealer.
- b. Improper maintenance, including incorrect removal and installation of the SRS, can lead to personal injury caused by unintentional activation of the system.
- c. All SRS electrical wiring harnesses and connectors are covered with yellow outer insulation. Do not use electrical test equipment on any circuit related to the SRS "Air Bag".



ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DS1-93-AB-015

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 0 1

4. Date of Accident
(Month,Day,Year) SUMMER / WEEKDAY / 9 3

5. Time of Accident MORNING

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS14 Fatal AOPS 0

7. 0 SS15 Administrative Use 0

8. 0 SS16 _____ 0

9. 0 SS17 _____ 0

10. 0 SS18 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 0 1

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>0 3</u>	15. <u>u</u>	16. <u>6 1</u>	17. <u>0 0</u>	18. <u>0</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo
area (rear of trailer or
straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in
diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

DSI-93-AB-015

3. Vehicle Number

01

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

92

5. Vehicle Make (specify):

NISSAN
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

35

6. Vehicle Model (specify):

MAXIMA
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

039

7. Body Type

Note: Applicable codes may be found on
the back of this page.

04

8. Vehicle Identification Number

JN1EJ01F8NT*****

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

10. Police Reported Travel Speed

Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown

999

____ mph X 1.6093 = ____ kph

11. Police Reported Alcohol Presence

(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

0

Note: See variables 37 through 55

(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

96

Source:

PAR

ACCIDENT RELATED

13. Speed Limit

(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown

999

____ mph X 1.6093 = ____ kph

14. Attempted Avoidance Maneuver

(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

01

(99) Unknown

15. Accident Type

Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

98

IMPACTING PROMINENT PAVEMENT LIP
(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [78 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 0 3
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 0 3

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1 4 3 0
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
0 3 1 4 3 lbs X .4536 = 1 4 2 5 kgs
 Source:
20. Vehicle Cargo Weight 0 0 0 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 lbs X .4536 = kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

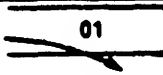
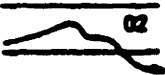

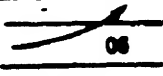
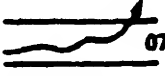
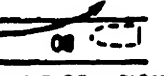
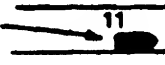


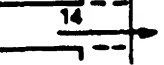


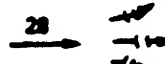



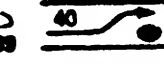
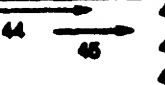

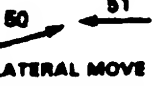












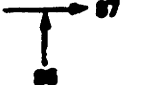

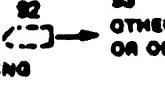
Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

 (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 9 9 8
28. Heading Angle For Other Vehicle 9 9 8

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 26, 27	 28 DECEL. 29, 30, 31	30 SPECIFICS OTHER 31 SPECIFICS UNKNOWN	(EACH • 32) (EACH • 33)
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45 46 47	 46 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	51 (EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	65 (EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN	
	K Turn Into Path	 77 76 TURN INTO SAME DIRECTION	 79 78	 81 80 TURN INTO OPPOSITE DIRECTIONS	 83 82	(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 86	 89 88	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc.	 92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest)

5*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

9 9 9

____ Nearest kph

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of
Delta V+
- 9 9 9

____ Nearest kph

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

Secondary Highest
+
32. Lateral Component of Delta V - 9 9 9

____ Nearest kph

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

33. Energy Absorption

9 9 9 9 0 0

____ Nearest 100 joules

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction 0
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection 1
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

- (0) No 1
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [☒] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence Ø

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver Ø

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver Ø

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>Ø</u>	41. <u>Ø</u>
Depressant Drug	42. <u>Ø</u>	43. <u>Ø</u>
Stimulant Drug	44. <u>Ø</u>	45. <u>Ø</u>
Hallucinogen Drug	46. <u>Ø</u>	47. <u>Ø</u>
Cannabinoid Drug	48. <u>Ø</u>	49. <u>Ø</u>
Phencyclidine (PCP)	50. <u>Ø</u>	51. <u>Ø</u>
Inhalant Drug	52. <u>Ø</u>	53. <u>Ø</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>Ø</u>	55. <u>Ø</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify):
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):

(8) Non-contact rollover forces (specify):

(9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
ENTERING TRAVEL LANE FROM SHOULDER
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (\leq 10 cm in diameter)
- (42) Tree ($>$ 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 10 cm in diameter)
- (51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
- (52) Pole or post ($>$ 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event 98*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

- (98) Other critical precrash event (specify):

ENTERING TRAVEL LANE FROM SHOULDER

- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver φ

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____

- (8) No driver present

- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) φ

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number ____ 2. Case Number - Stratum <u>DS1-93-AB-05</u>	3. Vehicle Number <u>01</u>
-------------------------------------------------------------------------------------------	-----------------------------

VEHICLE IDENTIFICATION

VIN JN1EJ01F8NT***** Model Year 92
Vehicle Make (specify): NISSAN Vehicle Model (specify): MAXIMA 4-door

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
01	RIGHT SIDE, UNDERCARRIAGE	N/A
	CONTROL ARM - REARWARD	

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

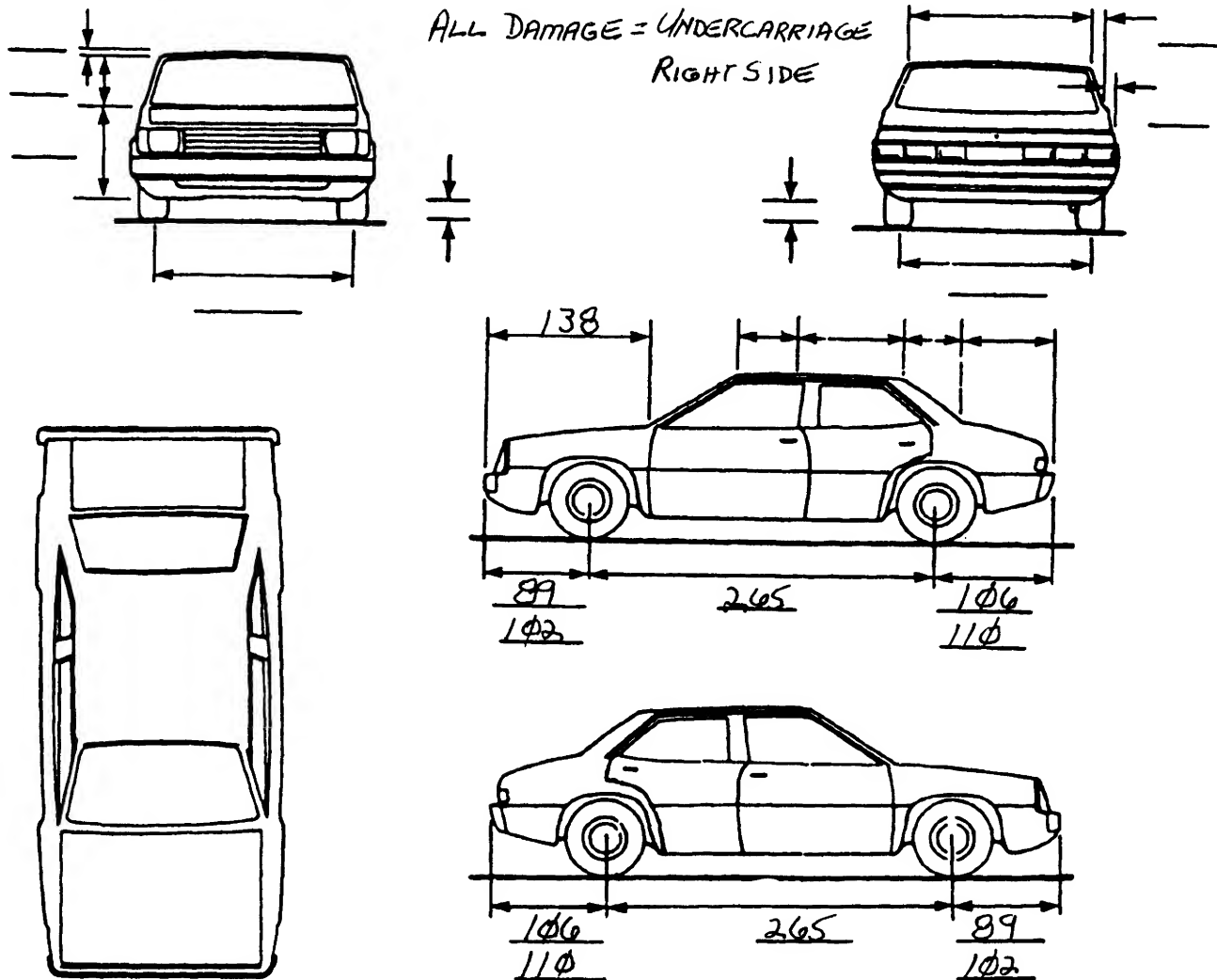
ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>1</u> <u>0</u> <u>4</u> <u>.3</u>	inches	x 2.54	=	<u>2</u> <u>6</u> <u>5</u>	cm
Overall Length	<u>1</u> <u>8</u> <u>7</u> <u>.8</u>	inches	x 2.54	=	<u>4</u> <u>7</u> <u>7</u>	cm
Maximum Width	<u>0</u> <u>6</u> <u>9</u> <u>.3</u>	inches	x 2.54	=	<u>1</u> <u>7</u> <u>6</u>	cm
Curb Weight	<u>0</u> <u>3</u> , <u>1</u> <u>4</u> <u>2</u>	pounds	x .4536	=	<u>1</u> , <u>4</u> <u>2</u> <u>5</u>	kg
Average Track	<u>0</u> <u>5</u> <u>9</u> <u>.1</u>	inches	x 2.54	=	<u>1</u> <u>5</u> <u>0</u>	cm
Front Overhang	<u>0</u> <u>4</u> <u>0</u> <u>.2</u>	inches	x 2.54	=	<u>1</u> <u>0</u> <u>2</u>	cm
Rear Overhang	<u>0</u> <u>4</u> <u>3</u> <u>.3</u>	inches	x 2.54	=	<u>1</u> <u>1</u> <u>0</u>	cm
Undeformed End Width	<u>0</u> <u>5</u> <u>6</u> <u>.3</u>	inches	x 2.54	=	<u>1</u> <u>4</u> <u>3</u>	cm
Engine Size: cyl./displ.	<u>3</u> <u>0</u> <u>0</u> <u>0</u>	cc	x .001	=	<u>3</u> <u>0</u>	L
	<u>1</u> <u>8</u> <u>3</u>	CID	x .0164	=	<u>3</u> <u>0</u>	L

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted b. Tire deflated RF <u>2</u> RF <u>2</u> LF <u>2</u> LF <u>2</u> RR <u>2</u> RR <u> </u> LR <u>2</u> LR <u> </u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>265</u> cm Overall Length <u>477</u> cm Maximum Width <u>176</u> cm Curb Weight <u>1425</u> kg Average Track <u>150</u> cm Front Overhang <u>102</u> cm Rear Overhang <u>110</u> cm Undeformed End Width <u>143</u> cm Engine Size: cyl./displ. <u>3.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± <u> </u> ° LF ± <u> </u> ° RR ± <u> </u> ° LR ± <u> </u> ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight <u>0</u> kg		

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. ϕ 1	5. 6 1	6. 1 2	7. U	8. D	9. R	10. N	11. ϕ 2

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
" CDC ONLY / UNDERCARRIAGE							+ - _____

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
							+ - _____

26. Are CDCs Documented but Not Coded on The Automated File? ϕ

(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition ϕ

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 265
Code to the nearest centimeter
(999) Unknown

104.3 inches X 2.54 = 265 centimeters

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

0

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence

0

(0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire

0

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

(9) Unknown

32. Type of Fuel Tank

1

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

DSL-93-AB-015

3. Vehicle Number

01

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

00

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF / 6. RF / 7. LR / 8. RR / 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 0 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted

(4) AS-14 — Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

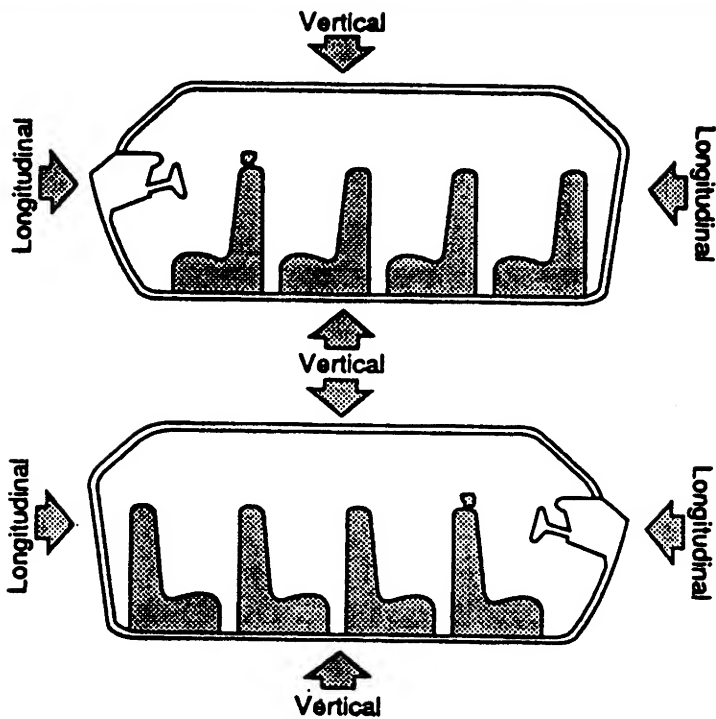
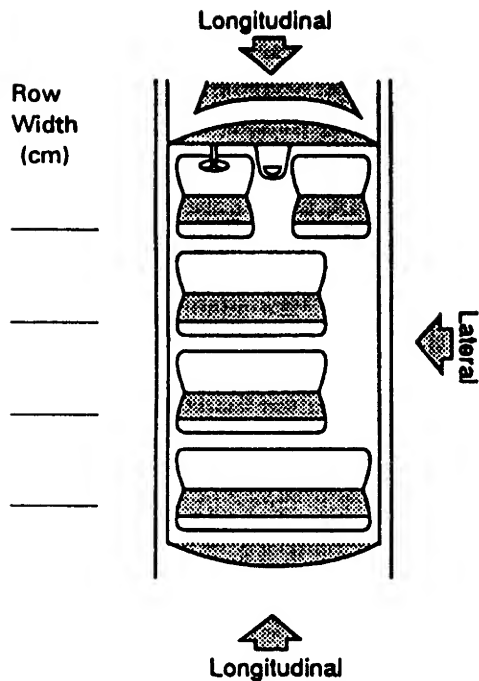
(3) Partially opened

(4) Fully opened

(9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

LOCATION OF INTRUSION

Front Seat

- (11) Left
- (12) Middle
- (13) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

Third Seat

- (31) Left
- (32) Middle
- (33) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify)

(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

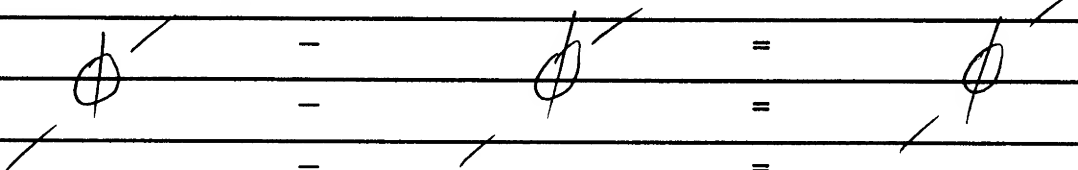
=

—

=

—

=



STEERING COLUMN87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):

(9) Unknown

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

92. Steering Rim/Spoke Deformation φ φ

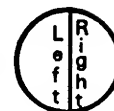
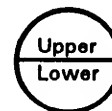
- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

93. Location of Steering Rim/Spoke Deformation φ φ
 (00) No steering rim deformation*Quarter Sections*

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL94. Odometer Reading φ 1 1,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

φ φ 7.124 miles X 1.6093 = φ 11.465 kilometers

Source: INSPECTION

95. Instrument Panel Damage from Occupant Contact? φ

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

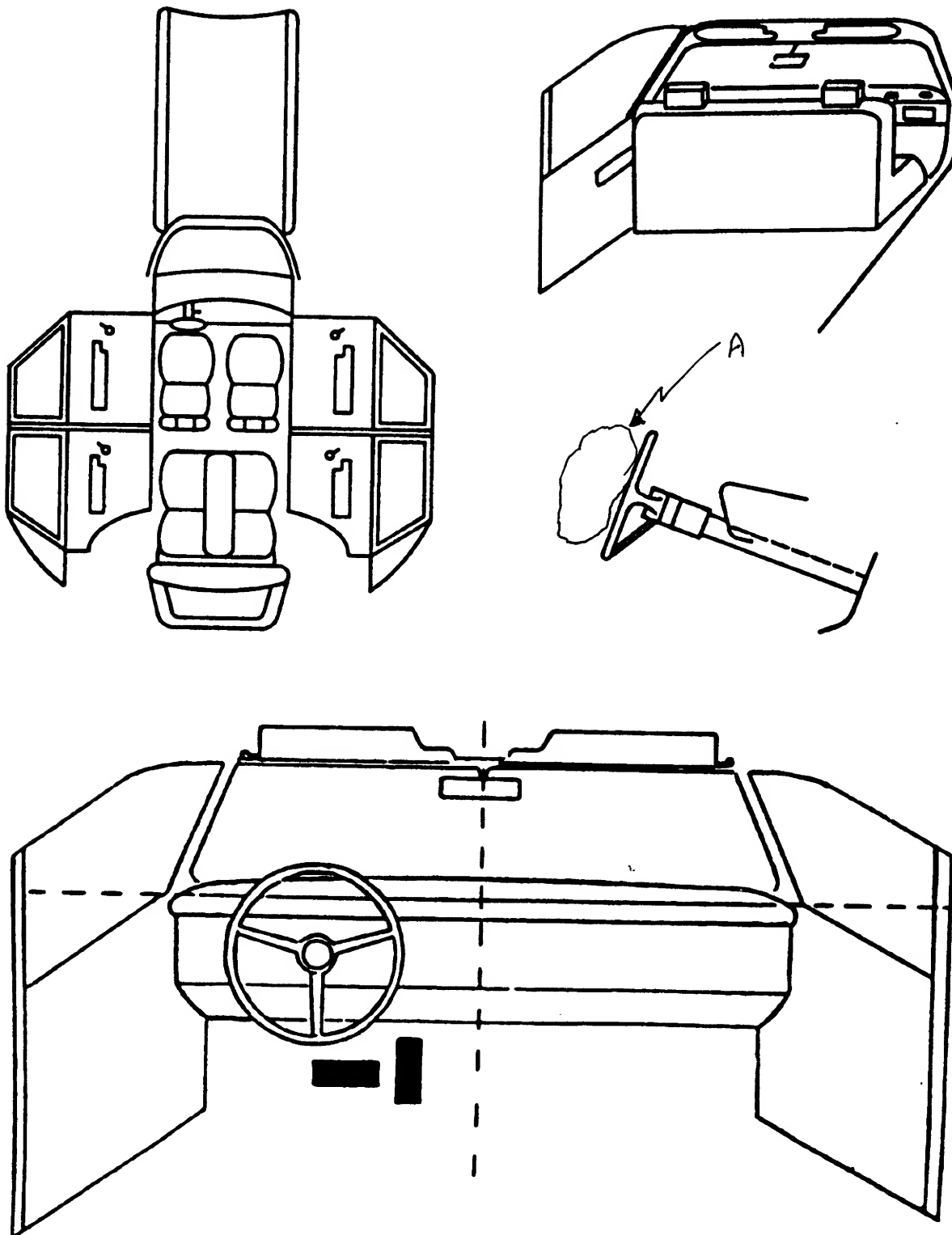
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? φ

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	45	01	FACE	LIP STICK ON AIR BAG	1
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill
- RIGHT SIDE
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

(46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): _____

(49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	/	Ø
	Deployment	/	Ø
	Failure	/	Ø

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag
- No...functional*
- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	/	/
	Use	/	/
	Type	2	2
	Proper Use	/	/
	Failure Modes	/	/

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	3	∅	3
	Use	∅3	∅∅	13
	Failure Modes	1	∅	1
SECOND	Availability	4	3	4
	Use	∅∅	∅∅	12
	Failure Modes	∅	∅	1
THIRD	Availability			
	Use	/	/	/
	Failure Modes	/	/	/
OTHER	Availability			
	Use	/	/	/
	Failure Modes	/	/	/

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt _____
- (03) Lap belt _____
- (04) Lap and shoulder belt _____
- (05) Belt used - type unknown _____

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor _____
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	02	03				
1. Type of Child Safety Seat	8	8				
2. Child Safety Seat Orientation	09	09				
3. Child Safety Seat Harness Usage	29	29				
4. Child Safety Seat Shield Usage	09	09				
5. Child Safety Seat Tether Usage	09	09				
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	φ	3
	Seat Type	φ1	φφ	φ1
	Seat Performance	1	φ	1
	Seat Orientation	1	φ	1
S E C O N D	Head Restraint Type/Damage	1	φ	1
	Seat Type	φ5	φ5	φ5
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
T H I R D	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/
O T H E R	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____

(9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type)

(99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes [☐]

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes [☐]

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

DSI-93-AB-015

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

30

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

163

Code actual height to the nearest
centimeter.

(999) Unknown

64 inches X 2.54 = 163 centimeters

8. Occupant's Weight

052

Code actual weight to the nearest
kilogram.

(999) Unknown

115 pounds X .4536 = 052 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection ϕ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area ϕ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium ϕ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) ϕ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment ϕ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use Ø 3

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) Unknown

26. Seat Type (this Occupant Position)

01

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)
(99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):(8) Other (specify):(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ32. Child Safety Seat Shield Usage φ φ33. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay 0 2

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

99. Case Occupant 1

- (0) Not the Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case.

38. Working Days Lost 99

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 0 0

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death 0 041. 2nd Medically Reported Cause of Death 0 042. 3rd Medically Reported Cause of Death 0 0

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 0 9

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/Function 1

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 2

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 1

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 1

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

- (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score 2

- (at Medical Facility)
- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood? 9

- (1) No - blood not given
- (2) Yes - blood given (specify units): _____
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 1

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES [X]

UPDATE CANDIDATE?

NO [X] YES []



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum	4. Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. 2	6. 7	7. 5	8. 28	9. 04	10. 3	11. 1	12. 16	13. 1	14. 1	15. 00	813.23
2nd	16. 2	17. 7	18. 5	19. 32	20. 04	21. 3	22. 1	23. 16	24. 1	25. 1	26. 00	813.23
3rd	27. 2	28. 4	29. 9	30. 04	31. 02	32. 1	33. 2	34. 45	35. 1	36. 1	37. 00	922.0
4th	38. 2	39. 7	40. 9	41. 02	42. 02	43. 1	44. 2	45. 45	46. 1	47. 1	48. 00	912.0
5th	49. 2	50. 7	51. 9	52. 02	53. 02	54. 1	55. 2	56. 45	57. 1	58. 1	59. 00	913.0
6th	60. 8	61. 7	62. 9	63. 02	64. 02	65. 1	66. 1	67. 45	68. 1	69. 1	70. 00	912.0
7th	71. 8	72. 7	73. 9	74. 02	75. 02	76. 1	77. 1	78. 45	79. 1	80. 1	81. 00	912.0
8th	82. 8	83. 7	84. 9	85. 04	86. 02	87. 1	88. 1	89. 45	90. 1	91. 1	92. 00	923.11
9th	93. 8	94. 7	95. 9	96. 04	97. 02	98. 1	99. 1	100. 45	101. 1	102. 1	103. 00	923.03
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____	

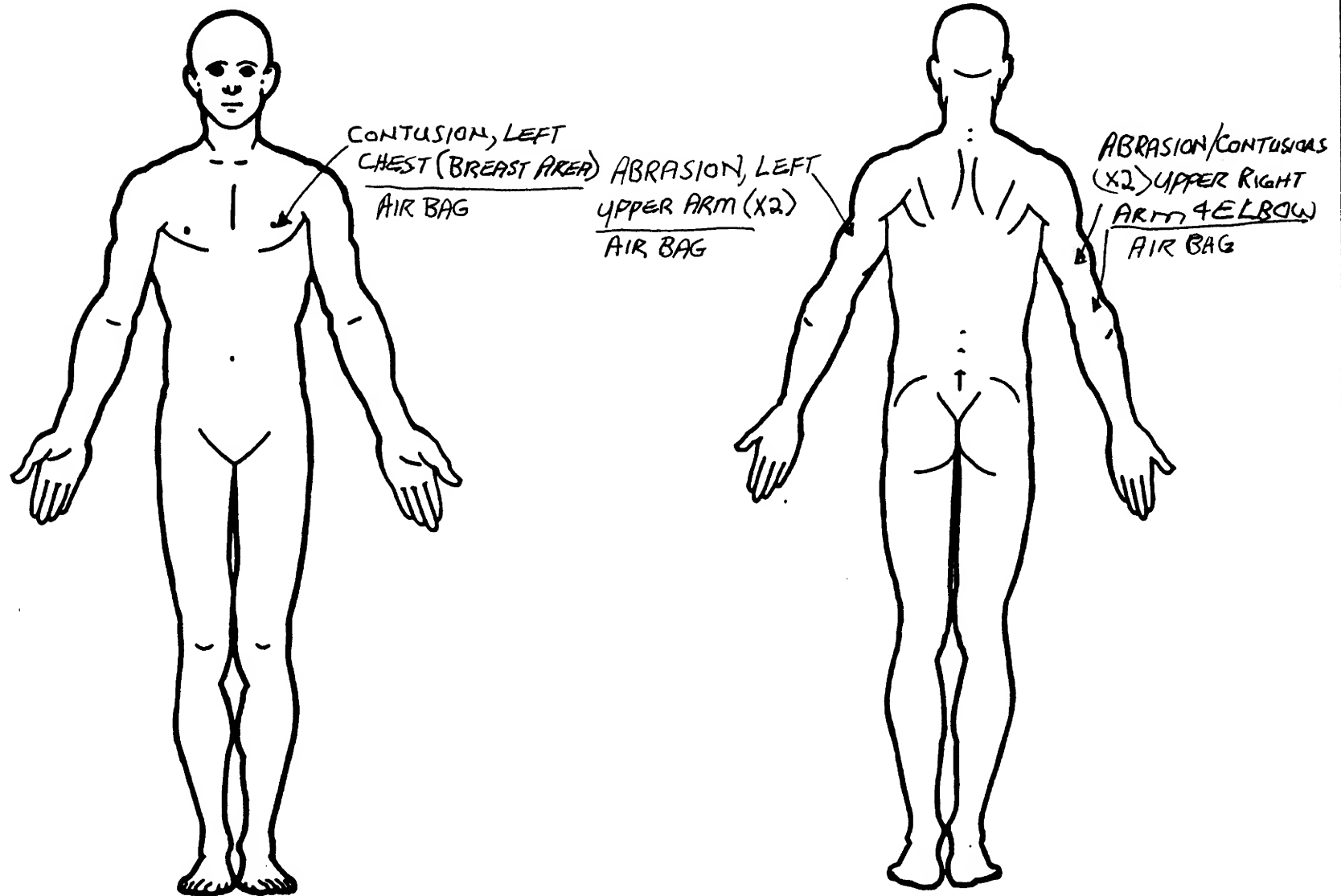
OCCUPANT INJURY DATA

Source of Injury Date	O.I.C.-A.I.S.						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th	---	---	---	---	---	---	---	---	---	---
12th	---	---	---	---	---	---	---	---	---	---
13th	---	---	---	---	---	---	---	---	---	---
14th	---	---	---	---	---	---	---	---	---	---
15th	---	---	---	---	---	---	---	---	---	---
16th	---	---	---	---	---	---	---	---	---	---
17th	---	---	---	---	---	---	---	---	---	---
18th	---	---	---	---	---	---	---	---	---	---
19th	---	---	---	---	---	---	---	---	---	---
20th	---	---	---	---	---	---	---	---	---	---
21st	---	---	---	---	---	---	---	---	---	---
22nd	---	---	---	---	---	---	---	---	---	---
23rd	---	---	---	---	---	---	---	---	---	---
24th	---	---	---	---	---	---	---	---	---	---
25th	---	---	---	---	---	---	---	---	---	---

ICD-

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):

(9) Police PHOTOGRAPHS

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):
- (19) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify):

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (66) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify)

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify):
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure**Whole Area**

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood
Gases

pH = ___

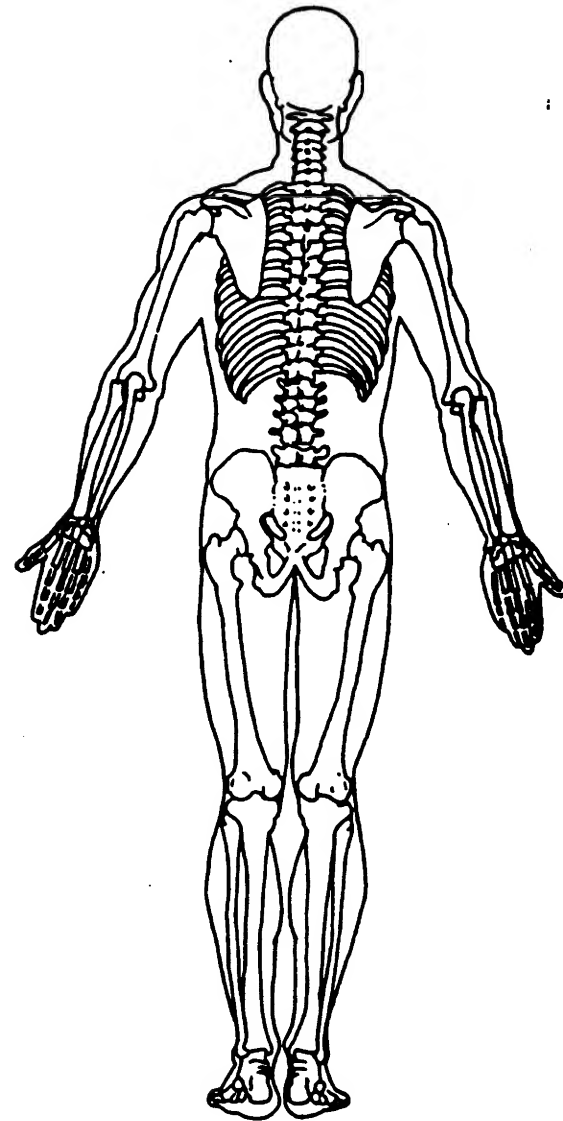
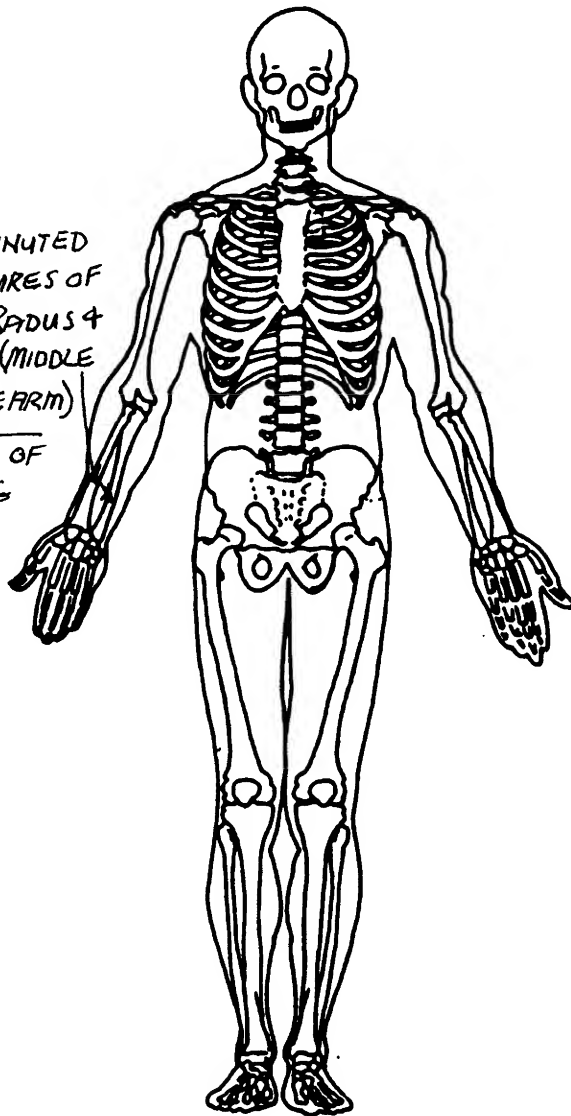
PO₂ = ___

PCO₂ ___

HCO₃ ___

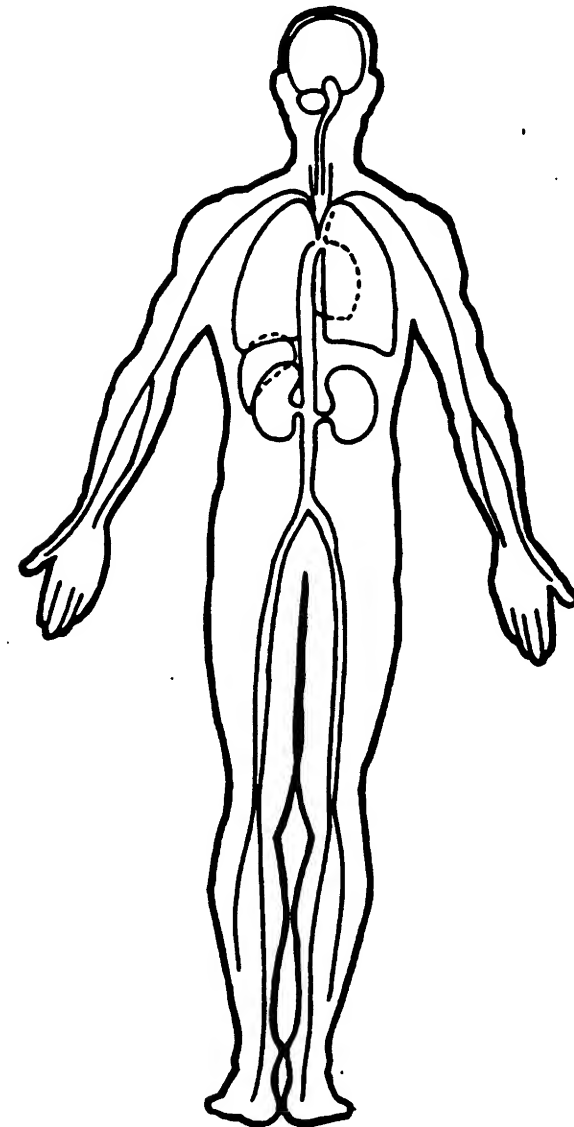
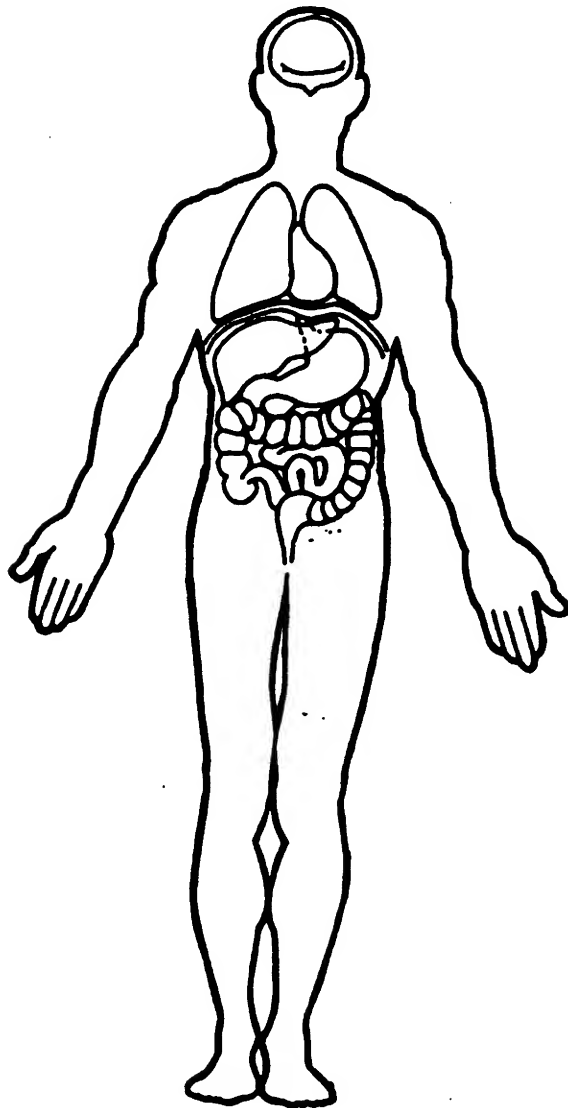
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

COMMINUTED
FRACTURES OF
RIGHT RADUS &
ULNA (MIDDLE
1/3 FOREARM)
COVER OF
AIR BAG



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

DSI-93-AB-015

3. Vehicle Number

01

4. Occupant Number

02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection ϕ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area ϕ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium ϕ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) ϕ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment ϕ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 1 3

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5)
for Information on Automatic Belts

24. Police Reported Restraint Use 6

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) Unknown

26. Seat Type (this Occupant Position)

Ø 1

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)
(99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):(8) Other (specify):(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

9 9 8

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

8

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

2 9

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

0 9

32. Child Safety Seat Shield Usage

0 9

33. Child Safety Seat Tether Usage

0 9Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) Ø

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality Ø

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) Ø

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay Ø Ø

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant Ø

- (0) Not the Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case.

38. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death Ø Ø

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death Ø Ø41. 2nd Medically Reported Cause of Death Ø Ø42. 3rd Medically Reported Cause of Death Ø Ø

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant Ø Ø

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/Function 1

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 9

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 9

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 9

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 9

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

- (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):

- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

- (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score 0 0
(at Medical Facility)

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 1

- (1) No - blood not given
 (2) Yes - blood given (specify units):

 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 0 0

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES ☐

UPDATE CANDIDATE?

NO ☒ YES ☐



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

DS1-93-AB-015

3. Vehicle Number

01

4. Occupant Number

03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

02

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

999

Code actual height to the nearest
centimeter.

(999) Unknown

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight

999

Code actual weight to the nearest
kilogram.

(999) Unknown

_____ pounds X .4536 = _____ kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

23

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

0

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection ϕ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area ϕ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium ϕ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) ϕ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment ϕ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use φ 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5)
for Information on Automatic Belts

24. Police Reported Restraint Use 6

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) Unknown

26. Seat Type (this Occupant Position)

05

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)(99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):(8) Other (specify):(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 9 9 8

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 8

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 2 9

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 932. Child Safety Seat Shield Usage 0 933. Child Safety Seat Tether Usage 0 9Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) φ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality φ

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) φ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay φ φ

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant φ

- (0) Not the Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case.

38. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant φ φ

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/Function ☒

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use ☒

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type ☒

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System ☒

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident ☒

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____

- (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other automatic belt failure (specify): _____

- (9) Unknown

49. Seat Orientation (this Occupant Position) ☒

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____

- (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score ☒ ☒
(at Medical Facility)

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? ☒

- (1) No - blood not given
 (2) Yes - blood given (specify units): _____
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ ☒ ☒

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES ☐

UPDATE CANDIDATE?

NO ☒ YES ☐

AIRBAG SUPPLEMENT

1

ACCIDENT SUMMARY

1. Accident Date: *SUMMER/WEEKDAY*
2. Police Investigated 1
- (1) Yes
(2) No
(3) Unknown
- Agency:
City:
County: *[REDACTED], NY*
3. General Locality 3
- (1) Freeway, Limited Access
(2) Urban (City)
(3) Urban-Rural (mixed)
(4) Rural, Fields
4. Configuration (First Harm) ϕ
- (0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown
5. Fire Involved ϕ
- (0) None
(1) Airbag Vehicle
(2) Other Vehicle
(3) Both Vehicles
(9) Unknown
6. Vehicles Involved 1
7. Persons Involved 3
8. Injured Persons 1

9. Maximum AIS in Accident 3

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected: *[REDACTED]/93*
11. Reason Vehicle Note Inspected ϕ
- (0) Not Required
(1) Inspection Completed
(2) Cannot be Located
(3) Repaired or Destroyed
(5) Refusal or Impounded
(7) Other:
12. Impact Data Obtained 1
- (0) No Data Obtained
(1) CDC Only
(2) Crush Profile Only
(3) Trajectory Data Only
(4) CDC and Crush Profile
(5) CDC and Trajectory
(6) Crush and Trajectory
(7) CDC, Crush, and Trajectory
13. Basis of Delta-V 6
- (0) Not Computed (Unknown why)
(1) CRASH - Damage Only
(2) CRASH - Damage + Traj
(3) OLDMISS
(4) POLES
(5) Unknown Basis
(6) One Vehicle Beyond Scope
(7) Collision Beyond Scope
(8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle? 2
- (1) Yes
(2) No
(9) Unknown
15. Prior AB Maintenance or Service 2
- (1) Yes, (2) No, (9) Unknown

Describe:

AIRBAG SUPPLEMENT

2

AIRBAG VEHICLE

Fleet: **NONE**
VIN: **JN1ES561F8NTXXXXX**
Mileage: **11,465 km (< 7,124 mi)**

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition ☐ 1
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown
17. Driver's Report of Pre-Impact Flashing ☐ $\phi\phi$
(00) No Flashing Reported
(01) Continuous Flashing
(02) Number of Flashes: ____
(11)
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown
18. Period of Pre-Impact Flashing ☐ ϕ
(0) No Flashing
(1) Same Day as Impact
(2) Prior Day
(3) Prior Two Days
(4) Prior Week
(5) Prior Month
(6) Over One Month
(9) Unknown
19. Post-Impact Lamp Condition ☐ 1
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown
20. Post-Impact Flashing ☐ $\phi\phi$
(00) No Flashing Reported
(01) Continuous Flashing
(02) Number of Flashes: ____
(11)
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

21.

Airbag Vehicle First Harmful Event ☐ 45

- (01) Fire or explosion
(02) Immersion
(03) Gas Inhalation
(04) Fell from vehicle
(05) Injured in vehicle
(06) Other noncollision (specify):
(07) Overturn
(08) Jackknife
COLLISION WITH:
(09) Pedestrian
(10) Pedalcyclist
(11) Railway train
(12) Animal
(13) Motor vehicle in transport
(same roadway)
(14) Motor vehicle in transport
(other roadway)
(15) Parked motor vehicle
(16) Other type nonmotorist (specify):
(17) Thrown or falling object
(18) Boulder
COLLISION WITH FIXED OBJECT
(20) Building
(21) Impact attenuator/crash cushion
(22) Bridge pier or abutment
(23) Bridge parapet end
(24) Bridge rail
(25) Guardrail
(26) Concrete traffic barrier
(27) Median barrier
(28) Other longitudinal barrier (specify):
(29) Highway/traffic sign post
(30) Overhead sign support
(31) Luminaire/light support
(32) Utility pole
(33) Other post, pole, or support
(34) Culvert
(35) Curb
(36) Ditch
(37) Embankment-earth
(38) Embankment-rock, stone, or concrete
(39) Fence
(40) Wall
(41) Fire hydrant
(42) Shrubbery
(43) Tree
(44) Other fixed object (specify):
(45) Pavement surface irregularity
(99) Unknown

AIRBAG SUPPLEMENT

3

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role 1
- (0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown
23. Manner of Leaving Scene 3
- (1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown
24. Number of Impact Events 1
- (8) 8 or more
(9) Unknown
25. Rollover Ø
- (0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown
26. Override/Underride Ø
- (0) No override/underride
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underride - 1st CDC
(4) Underride - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, (2) No, (9) Unknown

27. Left Front Fender Damage 2
28. Right Front Fender Damage 2
29. Center Top of Grille Damage 2

FRONT BUMPER E.A. STATUS

30. Left 5
31. Right 5
- (1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration Ø
- (0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown
33. CDC: 12U D R N 2
34. Object Contacted: GROUND/PAVEMENT LIP

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number 1
36. Total Delta-V UNK
37. Longitudinal Delta-V UNK
38. Configuration Ø
- See 32 above for codes
39. CDC: 12 U D R N 2
40. Object Contacted: GROUND/PAVEMENT LIP

AIRBAG SUPPLEMENT

4

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

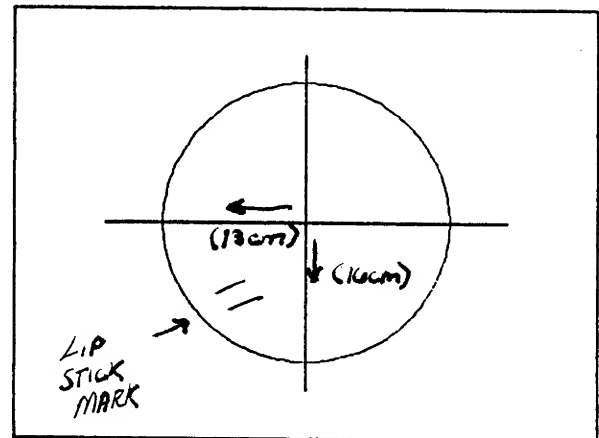
- | | |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 41. Airbag Module | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 42. Left Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 43. Center Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 44. Right Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 45. Rear Cowl Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> |
| 46. Diagnostic Module | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 47. Wiring | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 48. Knee Diverter | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 49. Indication of disconnected
or loose electrical
connectors | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 50. Condition of Deployed Bag | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> |

- (1) Bag intact
(2) Split or torn
(3) Cut by object in impact
(4) Cut after accident
(5) Other
(8) NA (not deployed)
(9) Unknown

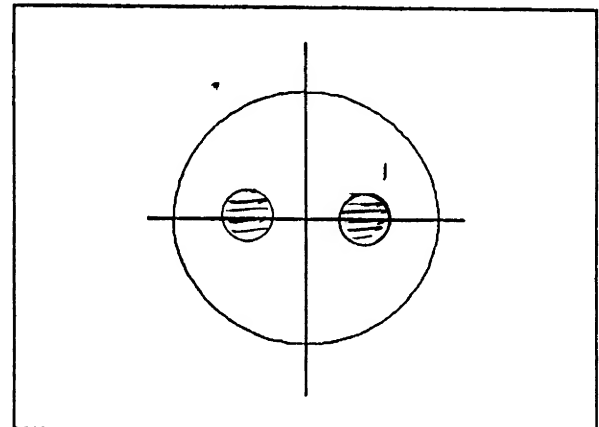
DESCRIBE SYSTEM AND BAG DAMAGE:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

5

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle 3
52. Number of Injured Persons 1
53. Maximum AIS in Airbag Vehicle 3
(0) No Injury
(1-6) AIS Severity
(7) Injured, unknown severity
(9) Unknown

DRIVER

Age: 30

Sex: FEMALE

54. Number of Driver Injuries 9

55. Source of Best Injury Data 2
(0) Not injured
(1) Autopsy
(2) Hospital Medical Records
(3) Emergency Room only
(4) Private physician, clinic
(5) Lay Coroner Report
(6) EMS Personnel
(7) Interviewee
(8) Police
(9) Unknown

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
Head/Neck/Face	_____	_____
Chest	<u>1</u>	<u>45</u>
Abdomen	_____	_____
Legs/Hips	_____	_____
Other (Arms)	<u>3</u>	<u>16</u>
Driver Maximum	<u>3</u>	<u>16</u>

EJECTION

Extent: NONE

Portal: NONE

OTHER VEHICLE: NONE

Maximum AIS N/APrime/Deploy Impact w AB Vehicle
Event Number N/A

CDC:

Total Delta V N/A

Make:

Model Year:

Model:

Body Type:

NOTES:

AIRBAG SUPPLEMENT

6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown

1

Evidence: PAR AND DRIVER

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No

2

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No

2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown

2

Describe:

DMV COPY

Local Codes		DMV COPY																																																																																																																																																															
Accident Date Mo./Day/Year		Day of Week		Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		No. of Vehicles /		No. Injured /		No. Killed —		Non-Highway <input type="checkbox"/>		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																																																																																																															
VEHICLE 1										VEHICLE 2										BICYCLIST										PEDESTRIAN																																																																																																																																			
Name - exactly as printed on license										DMV USE		Name - exactly as printed on license										DMV USE																																																																																																																																											
Number and Street												Number and Street																																																																																																																																																					
City, State Zip Code												City, State Zip Code																																																																																																																																																					
Date of Birth Mo./Day/Year		Sex F		Un-Licensed <input type="checkbox"/>		No. of Occup. 3		Public Property Damaged <input type="checkbox"/>		State of License		Date of Birth Mo./Day/Year		Sex F		Un-Licensed <input type="checkbox"/>		No. of Occup. 3		Public Property Damaged <input type="checkbox"/>		State of License																																																																																																																																											
Name - exactly as printed on registration										Date of Birth Mo./Day/Year		Name - exactly as printed on registration										Date of Birth Mo./Day/Year																																																																																																																																											
Number and Street										Hazardous Material Code		Number and Street										Hazardous Material Code																																																																																																																																											
City, State Zip Code												City, State Zip Code																																																																																																																																																					
Plate Number		State of		Yr. & Vehicle Make		Vehicle Type		Ins. Code		Plate Number		State of Reg.		Yr. & Vehicle Make		Vehicle Type		Ins. Code																																																																																																																																															
92		NISS		4D5D																																																																																																																																																													
Check if involved vehicle is <input type="checkbox"/> more than 95" wide, <input type="checkbox"/> more than 34' long.										ACCIDENT DIAGRAM										Check if involved vehicle is <input type="checkbox"/> more than 95" wide, <input type="checkbox"/> more than 34' long.																																																																																																																																													
VEHICLE 1 DAMAGE																				VEHICLE 2 DAMAGE																																																																																																																																													
No Damage <input type="checkbox"/> Undercarriage <input checked="" type="checkbox"/>																				No Damage <input type="checkbox"/> Undercarriage <input type="checkbox"/>																																																																																																																																													
Vehicle Towed By <u>TOWING</u>																				Vehicle Towed By <u>TOWING</u>																																																																																																																																													
Reference		Marker		DMV USE ONLY										County		<input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village																																																																																																																																																	
8 7 0 3		3 0 4 8												Route No. and Street Name		110																																																																																																																																																	
Ticket/Arrest		Other <input type="checkbox"/>		Ticket/Arrest Number(s)										Violation Section(s)		Nearest Intersecting Route/Street																																																																																																																																																	
Opr 1 <input type="checkbox"/> Pedestrian <input type="checkbox"/>		Opr 2 <input type="checkbox"/> Bicyclist <input type="checkbox"/>																																																																																																																																																															
Accident Description/Officer's Notes: DRIVER OF VEHICLE STATED THAT SHE RAN ONTO SHOULDER OF ROAD AND ATTEMPTED TO STEER BACK ONTO ROAD WHEN AIR BAG DEPLOYED AND BROKE HER RIGHT LOWER ARM.																																																																																																																																																																	
OFFICER'S NOTE: THIS AREA IS UNDERGOING RECONSTRUCTION.																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td colspan="6">Names - If Deceased, Give Date of Death</td> </tr> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>30</td> <td>F</td> <td>8</td> <td>12</td> <td>6</td> <td>33</td> <td>5908</td> <td colspan="6"></td> </tr> <tr> <td>E</td> <td>1</td> <td>3</td> <td>5</td> <td>1</td> <td>3mo</td> <td>F</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td colspan="6"></td> </tr> <tr> <td>G</td> <td>1</td> <td>6</td> <td>5</td> <td>1</td> <td>2</td> <td>F</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td colspan="6"></td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="6"></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="6"></td> </tr> <tr> <td>T</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="6"></td> </tr> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="6"></td> </tr> </table>																			8	9	10	11	12	13	14	15	16	17	18	Names - If Deceased, Give Date of Death						A	1	1	4	1	30	F	8	12	6	33	5908							E	1	3	5	1	3mo	F	—	—	—	—	—							G	1	6	5	1	2	F	—	—	—	—	—							D																		F																		T																		C																	
	8	9	10	11	12	13	14	15	16	17	18	Names - If Deceased, Give Date of Death																																																																																																																																																					
A	1	1	4	1	30	F	8	12	6	33	5908																																																																																																																																																						
E	1	3	5	1	3mo	F	—	—	—	—	—																																																																																																																																																						
G	1	6	5	1	2	F	—	—	—	—	—																																																																																																																																																						
D																																																																																																																																																																	
F																																																																																																																																																																	
T																																																																																																																																																																	
C																																																																																																																																																																	
SIGN HERE		Badge No.		Department		Precinct/Post Troop/Zone		Station/Beat/Sector		Reviewing Officer		Date/Time Reviewed																																																																																																																																																					

THE ATTACHED ARE CERTIFIED TO BE TRUE AND ACCURATE
COPIES OF HOSPITAL RECORDS OF:

PURSUANT TO SECTIONS 4518 AND 2306 OF THE CIVIL
PRACTICE LAWS AND RULES, SUCH RECORDS WERE MADE IN
THE REGULAR COURSE OF BUSINESS AT THE TIME OF THE ACT,
TRANSACTION, OCCURENCE OR EVENT RECORDED THEREIN OR
WITHIN A REASONABLE TIME THEREAFTER.

BY:

SIGNATURE

TITLE

(AFFIX HOSPITAL SEAL)

P

MEDICAL RECORD OPERATIVE REPORT

PATIENT:
ATTENDING:

HOSPITAL NO:
MD DATE OF SURGERY:

PREOPERATIVE DIAGNOSIS:

COMMINUTED FRACTURES, MIDDLE ONE
THIRD RIGHT RADIUS AND ULNA

POSTOPERATIVE DIAGNOSIS:

SAME

OPERATION:

OPEN REDUCTION, INTERNAL FIXATION
OF COMMINUTED FRACTURES, MIDDLE
ONE THIRD OF RADIUS AND ULNA USING
TWO INTERFRAGMENTARY 2.7 SCREWS
FOR THE COMMINUTED FRAGMENTS AND A
SEVEN-HOLE DCP PLATE FOR THE RADIUS
WITH SIX BICORTICAL 3.5 SCREWS AND
A 2.7 INTERFRAGMENTARY SCREW FOR THE
COMMINUTED FRAGMENT OF THE ULNA AND
A SEVEN-HOLE DCP PLATE WITH SIX 3.5
BICORTICAL SCREWS FOR THE ULNA

SURGEON: S.
ANESTHESIA: GENERAL

MD ASSISTANT: M.D.
ANESTHETIST: M.D.

TOURNIQUET PRESSURE:
TOURNIQUET TIME:

225 MM HG
90 MINUTES

PROCEDURE:

After induction of anesthesia the patient received intravenous antibiotics. A tourniquet was placed over the right upper arm. The right upper extremity was prepped and draped in standard fashion. After exsanguinating the hand and forearm the tourniquet was inflated.

A volar approach to the radius was used and carried down through skin and subcutaneous tissue. Care was taken to identify and protect the sensory branch of the radial nerve and the radial artery. The brachioradialis was then released and retracted laterally and the thumb abductor then released off the distal fragment and retracted medially.

The fracture site was exposed. There was a segmental fracture fragment which was then mobilized. This had soft tissue attachment and care was taken to preserve the soft tissue attachment. The fragment was then anatomically reduced to the proximal fragment and internally fixed with a 2.7 cortical screw using standard AO lag screw fixation technique.

In similar fashion there was a second comminuted butterfly

MEDICAL RECORD OPERATIVE REPORT

PATIENT:
HOSPITAL NO:

PAGE 2

fragment which was anatomically reduced to the distal segment and then fixed with a 2.7 interfragmentary AO lag screw. Once this was achieved anatomic reduction of the proximal and distal fragments was performed and this was then fixed with a seven-hole DCP plate with six bicortical screws using five of them in neutral position and one in the lower position in the distal fragment.

Compression was satisfactory. Fixation was satisfactory. The wound was irrigated and lightly packed. The ulna was exposed through a subcutaneous dorsal approach carried down through skin and subcutaneous tissue. The fracture site was then identified and exposed, and the butterfly fragment was anatomically reduced and internally fixed with a 2.7-mm cortical AO screw using standard AO lag screw fixation technique.

The fracture was then anatomically reduced. There was positive definition noted in the distal fragment. A seven-hole DCP plate was then fixed to the flat surface of the ulna and stabilized with six bicortical screws. No compression was applied. The wound was thoroughly irrigated, tourniquet deflated, x-rays taken in AP and lateral projections demonstrating satisfactory fixation and alignment of the fracture.

Meticulous hemostasis was achieved. The muscle layer was then closed with interrupted 0 chromic sutures, subcutaneous tissue with interrupted 0 chromic sutures, subcuticular sutures of 00 plain continuous and the skin with 4-0 nylon continuous. A sterile compression bandage was applied and a palmar splint with the wrist in neutral applied.

The patient tolerated the procedure well. Neurovascular status of the hand at the end of the operative procedure was satisfactory.

M.D.

DD:
DT:
Tape

DISCHARGE SUMMARY

PATIENT:
ATTENDING:

M.D.

HOSPITAL #:
ADMITTED:
DISCHARGED:

DISCHARGE DIAGNOSIS: COMMINUTED FRACTURE OF BOTH BONES RIGHT FOREARM, MIDDLE 1/3.

HISTORY OF PRESENT ILLNESS: This is a 30 year old female patient who was involved in an accident when the car she was driving slid off the pavement and in an attempt to get the car back onto the pavement off the gravel, the airbag expanded and flipped her right forearm which was resting on her lap. She presents with pain, swelling and deformity of the right mid forearm.

PHYSICAL EXAMINATION: Positive findings are restricted to the right upper extremity. There was swelling and angular deformity of the right forearm in the mid 1/3. No neurovascular deficit. Skin was intact, no other injuries detected.

LABORATORY DATA: The patient's x-rays demonstrated a comminuted fracture of the mid 1/3 of both bones of the right forearm.

HOSPITAL COURSE: The patient was taken for emergency open reduction internal fixation which was done with interfragmentary screws and compression plates for both radius and ulna. The postoperative x-rays demonstrated satisfactory alignment. The patient has not developed any signs of neurovascular compromise. Dressings were changed on day #2. The wounds were noted to be clean and dry.

The patient is discharged with the advice to keep the hand and forearm elevated, to use a sling, to keep the dressings clean and dry, to move her fingers and to apply ice packs for 48 hours. She was discharged on Tylenol #3, one p.o. q.4.h. prn. The patient has been instructed to call if she develops increasing pain, numbness or red streaks. The patient is to call the office to schedule an appointment to be seen in one weeks time.

M.D.

D:
T:
Tape

MEDICAL RECORDS REPORT**HISTORY AND PHYSICAL EXAMINATION**

PATIENT:
ATTENDING:

HOSPITAL NO:
MD DATE:

ADMITTING DIAGNOSIS:

FRACTURE, BOTH BONES RIGHT
FOREARM, MIDDLE ONE THIRD

HISTORY OF PRESENT ILLNESS:

This is a 30-year-old female patient who was driving her car on Route 1 when the right side of the car went off the pavement into a depression on the side of the road. She tried to get it back on the road, at which time she noted that the air bag expanded and her right forearm, which was on her lap, was injured. She noted a deformity of her right forearm.

The patient is right hand dominant. The patient complains of bruising of the left breast from the air bag. She denies any numbness or pins and needles in the hand. No prior injuries to the forearm or hand. No loss of consciousness. Denies any neck pain, back pain, chest pain, abdominal pain, nausea, vomiting, shortness of breath or pain in the pelvis, hips or lower extremities.

PAST MEDICAL HISTORY:

Systemic review - Cardiovascular system: No history of hypertension, chest pain or palpitations. Respiratory system: history of chronic cough, bronchial asthma, or hemoptysis. Gastrointestinal system: No history of chronic abdominal pain, nausea, vomiting, hematemesis or melena. GYN: The patient is three months postpartum.

Allergies: None known. Medications: The patient is on prenatal vitamins.

PHYSICAL EXAMINATION:

Examination reveals a slim-built, alert and oriented, cooperative pleasant female. No pallor, cyanosis, jaundice or cervical lymphadenopathy. The patient is oriented to time and space. Examination of the head and neck was within normal limits. Examination of the chest was within normal limits.

Respiratory system: Normal breath sounds, no adventitious sounds. Examination of the cardiovascular system: Normotensive, normal heart sounds, no murmurs audible. Examination of the abdomen: Scaphoid, soft, nontender, no masses palpable. Examination of the pelvis, hips and lower extremities was within normal limits.

MEDICAL RECORDS REPORT

PATIENT:
HOSPITAL NO:

PAGE 2

Examination of the left upper extremity was within normal limits. Examination of the right forearm revealed an angular deformity in the distal one third of the right forearm. Neurovascular examination was within normal limits. Examination of the elbow was negative.

LABORATORY DATA:

X-rays of the right forearm demonstrated a comminuted fracture of the radius and ulna, mid one third of the right forearm.

IMPRESSION:

The patient is being admitted for open reduction, internal fixation of the fracture, both bones of the right forearm. The operative procedure and the risks have been clearly explained to the patient in detail. The possibility of bone graft has also been explained to the patient. The possibility of nonunion has been explained to the patient in addition to standard risks.

M.D.

DD:
DT:
Tape

PATIENT NAME: LAST FIRST INIT. TELEPHONE NO. SERVICE DATE ARRIVAL TIME INIT.
ESS-APT. HOUSE NO.-STREET CITY STATE ZIP DATE OF BIRTH TYPE SEX AGE
EMR F 30

SOCIAL SECURITY NO. RELIGION UNK MARITAL STATUS MARRIED OCCUPATION NEAREST RELATIVE'S TEL. NO.

NEAREST RELATIVE/NOTIFY IN EMERGENCY ADDRESS CITY STATE ZIP

GUARANTOR-FULL NAME-GUAR/CONTRACT NO. ADDRESS-APT. NO. HOUSE NO. CITY STATE ZIP

GUARANTOR EMPLOYER NAME NONE ADDRESS-APT. NO. HOUSE NO. CITY STATE ZIP

RELATIONSHIP CODE SELF MEDICARE NO. MEDICAID NO.

NAME OF INSURANCE CO. ADDRESS CITY STATE ZIP I.D. NO.

NAME OF INSURANCE CO. ADDRESS CITY STATE ZIP I.D. NO.

DATE OF ARRIVAL IVAMB MEET DATE & TIME

ALLERGENS NKDA
Nurse's Note:
T. P. R. B.P. /

MEDICATION ORDERS

LABS ORDERED
K #1
CBC
WBC
Hgb
Hct
PT/PTT
Room No. 3
Admission Time 11:55 AM
Discharge Time
Status on Discharge
Admitted to Room No. 33
Left without being seen
Left AMA

DIAGNOSIS: FX BOTH BONES @ R BREAST
DOCTOR'S NOTE: Driving car as nurse @ side of car went to parent. tried to get back on road. air bag popped & her @ femur was in lap & right bent. @ hand dominant.
Keels a bruise on @ ant breast from air bag.
no lacer / no pain / back / chest / arm / leg.
No numbness in @ hand.
Meds / Prenatal vitamins.
Allergies.
Nurse's Signature
Physician's Signature

LAST T.T. WT.
VISUAL ACUITY O.D. / O.S. /
ADDITIONAL VITAL SIGNS
MAJOR CODE
MINOR CODE
N.P. UNITS
NURSING UNITS

MEDICAL DIRECTOR

M.D.

M. D.

PATIENT:

DATE:

STUDY: RIGHT FOREARM, AP, LATERAL,
OBLIQUE

FILE #:

Dear Dr. :

Comminuted fractures are seen through the midportion of the radius and ulna with 2 metallic plates and screws in place. No prior films are available for comparison.

IMPRESSION: Fractures through the midradius and ulna with metallic plates in place.

Sincerely,

M. D.

CONTINUATION

NAME

ADDRESS

DATE

Wounds healed

572

Supp. energy

X-ray albino rats

Protein salts

Antineuritic

APD 2.0

Wounds healed

No nodes

Mild lightening of complexion

Arm, elbow joint

Weight 15

AP 20

Protein joint

Supp. to midprime

X-ray albino rats

APD

Supp

Protein

APD 3.0

MEDICAL RECORDS NO.

Y

۲

SIGNATURE - ATTENDING PHYSICIAN _____

E.R. NURSING RECORD

PATIENT NAME, LAST

FIRST

INIT.

TRIAGE NOTE

Date

Time

TRIAGE CATEGORY

☐ 1

☒ 2

☐ 3

ALLERGIES

NKDA

CURRENT MEDICATIONS

none

LAST
TETANUS:

LMP

WGT

TIME

NURSING NOTES

11:55 Pt. above - while driving, ^{15 side of} car went into ditch, air bag deployed
 (+) seat belt - sp. arm was injured while trying to get car out of "rut" - ^{gunshot} wound of injury. (+) radial pulse - ^{denture} in fact. Pt. c/o st. chest pain where air bag hit
 12:10 Husband and 2 sm. children in bedside
 12:15 Pt. breast feed baby
 12:50 Pt. c/o T pain - advised must stop breast feeding if medicated for pain - pt. agreeable
 1P Dr. Shankar advised - will be in p see pt
 1:15 Dr. Shankar here - OK consent signed
 1:30 Anesthesiology here - consent (+)
 1:45 OK V least one - pt. to OR via stretcher

TIME

VITAL SIGNS

BP	P	R	T
120/58	72	16	97

VISUAL
ACUITY

OD

OS

TIME

MEDICATIONS AND/OR TREATMENT

12:25 4x4K /ice pack
 12:50 Tylenol 600mg
 (+) butt - Barth
 1:30 IV D&R 500mg
 #18 (Lamp)
 late sent

DATE OF CALL		RUN NO	AGENCY CODE		VEN. ID.						
Name			Agency Name		MILEAGE						
			Call Location		END						
			CHECK ONE <input type="checkbox"/> Residence <input type="checkbox"/> Health Facility <input type="checkbox"/> Farm <input type="checkbox"/> Indus. Facility <input type="checkbox"/> Other Work Loc. <input checked="" type="checkbox"/> Roadway <input type="checkbox"/> Recreational <input type="checkbox"/> Other		BEGIN						
			Dispatch Information <i>DT AA / Chest Pain</i>		TOTAL						
Physician			CALL TYPE AS REC'D. <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency <input type="checkbox"/> Stand-by		COMPLETE FOR TRANSFERS ONLY Transferred from _____ <input type="checkbox"/> No Previous PCR <input type="checkbox"/> Unknown if Previous PCR						
CARE IN PROGRESS ON ARRIVAL: <input type="checkbox"/> None <input type="checkbox"/> Citizen <input checked="" type="checkbox"/> PD/FD/Other First Responder <input type="checkbox"/> Other EMS			Previous PCR Number _____		USE MILITARY TIMES CALL REC'D <i>1124</i> ENROUTE <i>1127</i> ARRIVED AT SCENE <i>1120</i> FROM SCENE <i>1148</i> AT DESTIN <i>1157</i> IN SERVICE <i>1212</i> IN QUARTERS _____						
MECHANISM OF INJURY <input type="checkbox"/> MVA (complete seat belt section) <input type="checkbox"/> Fall of _____ feet <input type="checkbox"/> GSW <input type="checkbox"/> Machinery <input type="checkbox"/> Struck by vehicle <input type="checkbox"/> Unarmed assault <input type="checkbox"/> Knife											
CHIEF COMPLAINT <i>Pain + D</i> SUBJECTIVE ASSESSMENT <i>pt. found CMT-3 in driver's seat. Pt. had severe pain in Rt. arm. Pt. had good distal pulse in Rt. arm.</i>											
PRESENTING PROBLEM If more than one checked, circle primary. <input checked="" type="radio"/> Airway Obstruction <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Unconscious/Unresp. <input type="checkbox"/> Shock <input type="checkbox"/> Major Trauma <input type="checkbox"/> OB/GYN <input type="radio"/> Respiratory Arrest <input type="checkbox"/> Syncope <input type="checkbox"/> Seizure <input type="checkbox"/> Head Injury <input type="checkbox"/> Trauma-Blunt <input type="checkbox"/> Burns <input type="radio"/> Respiratory Distress <input type="checkbox"/> Stroke/CVA <input type="checkbox"/> Behavioral Disorder <input type="checkbox"/> Spinal Injury <input type="checkbox"/> Trauma-Penetrating <input type="checkbox"/> Environmental <input type="radio"/> Cardiac Related (Potential) <input type="checkbox"/> General Illness/Malaise <input type="checkbox"/> Substance Abuse (Potential) <input checked="" type="checkbox"/> Fracture/Dislocation <input type="checkbox"/> Soft Tissue Injury <input type="checkbox"/> Heat <input type="radio"/> Cardiac Arrest <input type="checkbox"/> Gastro-Intestinal Distress <input type="checkbox"/> Poisoning (Accidental) <input type="checkbox"/> Amputation <input type="checkbox"/> Bleeding/Hemorrhage <input type="checkbox"/> Cold <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Diabetic Related (Potential) <input type="checkbox"/> Other _____ <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Obvious Death											
PAST MEDICAL HISTORY <input checked="" type="checkbox"/> None <input type="checkbox"/> Allergy to _____ <input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> COPD <input type="checkbox"/> Cardiac <input type="checkbox"/> Other (List) _____ Current Medications (List) _____		VITAL SIGNS									
		TIME	RESP Rate: <i>18</i> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	PULSE Rate: <i>84</i> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	B.P. <i>120/72</i>	LEVEL OF CONSCIOUSNESS <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	GCS	R PUPILS L <input checked="" type="checkbox"/> Normal Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	L PUPILS R <input checked="" type="checkbox"/> Normal Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	SKIN <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Warm <input type="checkbox"/> Moist <input type="checkbox"/> Dry	STATUS
			Rate: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.		<input type="checkbox"/> Normal Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	<input type="checkbox"/> Normal Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Warm <input type="checkbox"/> Moist <input type="checkbox"/> Dry	
			Rate: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.		<input type="checkbox"/> Normal Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	<input type="checkbox"/> Normal Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Warm <input type="checkbox"/> Moist <input type="checkbox"/> Dry	
OBJECTIVE PHYSICAL ASSESSMENT		<i>Pt. @ Arrived was alert and oriented. Vitals were stable - pt. was transported to HAVC for further care.</i>									
COMMENTS		<i>Pt. & mother were also transported to HAVC CMT-D. 2353 hours. Pt. registered with police at scene. A infant mobile sent to HAVC. Mom registered mother.</i>									
TREATMENT GIVEN <input checked="" type="checkbox"/> Moved to ambulance or stretcher/backboard <input type="checkbox"/> Moved to ambulance on stair chair <input type="checkbox"/> Walked to ambulance <input type="checkbox"/> Airway Cleared <input type="checkbox"/> Oral/Nasal Airway <input type="checkbox"/> Esophageal Obturator Airway/Esoophageal Gastric Tube Airway (EOA/EGTA) <input type="checkbox"/> EndoTracheal Tube (E/T) _____ L.P.M., Method _____ <input type="checkbox"/> Oxygen Administered @ _____ <input type="checkbox"/> Suction Used <input type="checkbox"/> Artificial Ventilation Method _____ <input type="checkbox"/> C.P.R. in progress on arrival by: <input type="checkbox"/> Citizen <input type="checkbox"/> PD/FD/Other First Responder <input type="checkbox"/> Other <input type="checkbox"/> C.P.R. Started @ Time _____ Minutes <input type="checkbox"/> EKG Monitored (Attach Tracing) [Rhythmic] _____ Defibrillation/Cardioversion No. Times _____ <input type="checkbox"/> Manual <input type="checkbox"/> Semi-automatic		<input type="checkbox"/> Medication Administered (Use Continuation Form) <input type="checkbox"/> IV Established Fluid _____ Cath. Gauge _____ <input type="checkbox"/> Mast Inflated @ Time _____ <input type="checkbox"/> Bleeding/Hemorrhage Controlled (Method Used: _____) <input type="checkbox"/> Spinal Immobilization Neck and Back <input type="checkbox"/> Limb Immobilized by <input type="checkbox"/> Fixation <input type="checkbox"/> Traction <input type="checkbox"/> (Heat) or (Cold) Applied <input type="checkbox"/> Vomiting Induced @ Time _____ Method _____ <input type="checkbox"/> Restraints Applied, Type _____ <input type="checkbox"/> Baby Delivered @ Time _____ In County _____ <input type="checkbox"/> Alive <input type="checkbox"/> Stillborn <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transported in Trendelenburg position <input type="checkbox"/> Transported in left lateral recumbent position <input checked="" type="checkbox"/> Transported with head elevated <input type="checkbox"/> Other _____									
DISPOSITION (See list)		DRIVER'S NAME		NAME		NAME		DISP. CODE <i>8215</i>		CONTINUATION FORM USED	
IN CHARGE		CFR EMT AEMT		CFR EMT AEMT		CFR EMT AEMT					

Department of Diagnostic Imaging

RADIOLOGY REPORT

Doctor:

DATE EXAM:

FILE#

Patient's Name: -----

DOB:

ROOM #:

Examination: RIGHT FOREARM

RIGHT FOREARM: Three views reveal the presence of comminuted fractures involving the mid shafts of the radius and ulna with side to side appositions at the fracture sites. There is no evidence of dislocation in either the elbow or wrist.

719.43

POST REDUCTION - RIGHT FOREARM: Two views of the right forearm were made available for interpretation revealing the presence of plate and screw fixation of fractures involving the mid shafts of the radius and ulna. The fractures appear anatomic in alignment.

719.43

M.D.

D:
T: